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MARYLAND STATE DEPARTMENT OF HEALTH

THE COUNTY OF THE PARTY OF THE June 3 1965 MARE CEANOR CANADA Hale thice her to 1920 and 1 3000 - 2000 nosomintal x - Draines name of the state so nespected was needed nestended business

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Jurial 6/8/60 For Hill Beneary Pagerstown Wash Jo Md. Andrew A. Colinsus Function income and cook in

MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09059 CERTIFICATE OF DEATH Middle Lost 1. DECEASED-NAME First 20. DATE OF DEATH 2b. HOUR within 24 hours after deoth. **DEUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physician obd windlefely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. Doy 11 Year 68 10 Pu Month (Type or print) HARVEY MICKLEY BELL 4. RACE S DATE OF BIRTH 6. AGE (In years lost birthdov) IE UNGER 1 YEAR IF UNCER 24 HRS. 3. SEX Male White January 82 YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED Maryland USA DIVORCED [7] WIDOWED | Washington
120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Hespital Kapper give street address) Washington County INDUSTRY Hagerstown thacerv 138, STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? requires that the death certificate be executed Washington Williamspor NO Bower 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Middle William H. Sarah Heffman 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 128 Bower Ave. Yes, no, or unknown) (If yes give war or dates of service) Mrs. Ora A. Bell Williamspert Wd 220-09-7863 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (s).) Fresh thrombotic occlusion of main PART I. DEATH WAS (AUSED BY:
IMMEDIATE CAUSE (o) left coronary artery with propagation into several days DUE TO, OR AS A CONSEQUENCE OF anterior descending branch. Conditions, if ony, which gove) (b) Arteriosclerosis of aorta and coronary arteries, several years DUE TO, OR AS A CONSEQUENCE OF moderately advanced. rise to immediate cause (o), Page 4 may be retained by the hospital or ottending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-tran stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES SC NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year 21d, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 211. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of wark 22a. I certify that (1) (this haspital) attended the deceased fram 6/6/68 , 19 , to 6/11/68 , 19 , that (1) (we) last saw the deceased alive an 6/11/68 , 19 , and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave, (!) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c, DATE SIGNED STAFF DEGREE DIRECTOR 22a. ADDRESS 22d. PHYSICIAN'S NAME (Type) 215 W. Washington St. Ditto 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION 23b, DATE (County) PENOVAL (Specify) Williamsport, Wash. Greenlawn Cemetery June 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 30M REV 168 Ocharles 2110 Lex. Ave. DATE JUN 17 1968 Albert L. Leaf Hagerstown, Maryland

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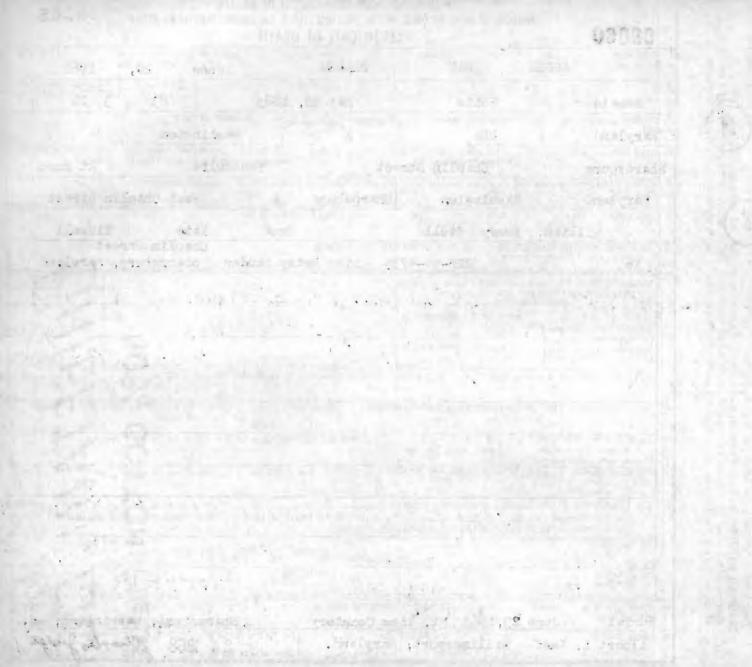
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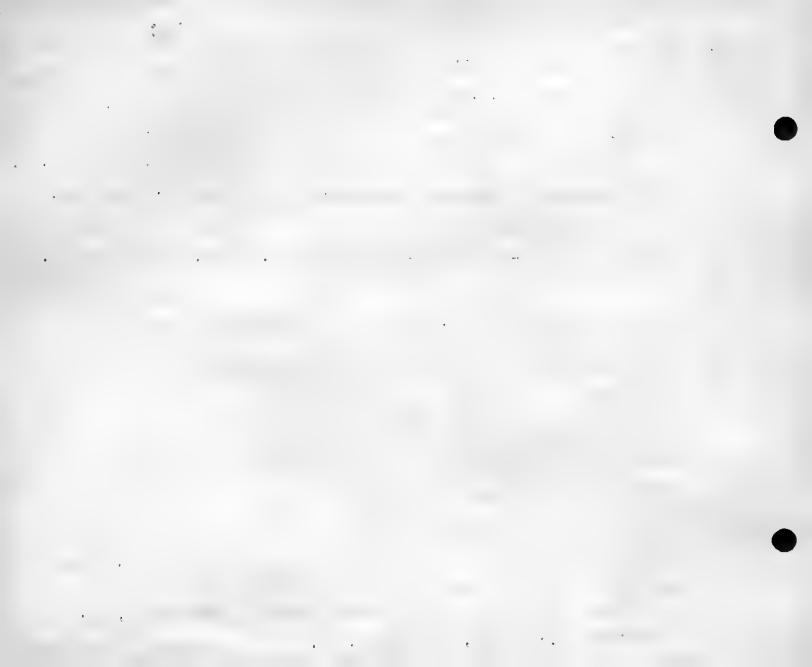


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05062 CERTIFICATE OF DEATH I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission). o. COUNTY c. LENGTH OF STAY IN 1b c CITY OR JOWN (If gutside carparate limits, write RURAL and give nearest town) within 24 hours d. STREET ADDRESS a IS RESIDENCE ON A FARM? YES NO PC DECEASED (Type or print) OF DEATH NEVER MARRIED AGE IF UNDER 7 MARRIED buthday) Manths Days Hours ond in any WIDOWED DIVORCED gug 1Db KIND OF BUSINESS OR or removal, DECEASED EVER IN U.S. ARMED FORCES? (If yes give wer or dates of service) emation, 1B. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave Coro ner rom bos nse to immediate cause (a), DUE TO stating the underlying cause hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY PERFORMED? NO certificate 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18) 2Da. ACCIDENT WAS UNDERLYING [1] EKI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, Farm, (City or town) (County) (State) Haur 'a m. While factory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased from June 23 1964 to June 24, 1965 that (1) (we) last O FUNERAL DIRECTOR: sow the deceased alive an June 24 1965, and that death accurred at 1 P. M. from causes and an the date stated above 22o, SIGNATURE 22b. QATE SIGNED **ATTENDING** DIRECTOR PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 e enca



1. 1.	MARYLAND STATE DEPARTMENT OF HEALTH	
(M)	Item//108//11 Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6566	y our of
HEALTH-DEPT.	1 DECEASED NAME First Middle Lost 2a. DATE KNOWN Month Day (Type or Print) II	Year 2b. HOUR
Poge is	Harold Wilbur Bloom DEATH MATERIX 6/8/6	8 1912 . M
of Police	3. SEX 4. RACE S DATE OF BIRTH 6 AGE (in years 1/2 Judger 1/2 Hours 1/2 Hour	MIGHTER
Z E	male white 10-8-41 26 yrs 6/ 8/	Yedr 19681:30M
ofter deoth Cny 8 Give Pages 1, 2, 6 along with form IN With the Stote Depart	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7 COUNTY OF DEATH	
es form	COUNTRY Maryland USA WIDOWED DIVORCED Washington	Md
offer deoth going with for with the Stote	ave street address) during most of working life even if centred \ INDII'	KIND OF BUSINESS OR
ive five five five five five five five f	lagerstown paradise Unurch Rd+ Rt.6 Clerk typist ti	rück mfg.
s afte 18 Gi 18 Gi along 2 with death	13a USUA RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN admission) Maryland 13b COUNTY has hington Hagerstown YES NO x 200 Robinwood	1 73
hours Item 18 Office 0		
hours Item 18 Office Tond 2	14 FATHER'S NAME First Middle Last 15 MOTHER'S MA.DEN NAME First Middle Wilbur Norman Bloom Blanche Rebecca Br	Last
h n 24 moll in I niner's poges I hours	Wilbur Norman Bloom Blanche Rebecca Br	rown
iould be executed with n 24 word "pending" in pe≡cil in the Chief Medicol Exominer's riol-tronsit permit. File poges tony event within 72 hours	(Yes of this war 6 of 5 ft. a) 220-40-2431 Wilbur N. Bloom, Hagerstown	. Mel.
with per Exor		APPROX MATE INTERVAL
be executed "pending" in net Medicol E onsit permit. F event within	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cardiac tamponade	Minutes
pending" ef Medicol nsit permit.	3 , imperial choose (a)	MINUCES
e e e ef Mer sit	Onditions, fany, which gove Penetrating stab wounds of chest	
ony e	rise to immediate cause (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be e he word "per to the Chief I buriol-tronsit t in ony even	last	
This certificate should cate, writing the word be forwarded to the Ct be used os a buriol-tre or removal, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
ficat ing ded os c	To the state of th	
certifi orwar used mova	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his cate, or for be us	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b. T.ME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18	YES 🗙 x NO 🗌
# _ 2 0		}
INER: The certification or tation, or tation.	PRIMARY X OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH PLACE DE INJURY (At home form street 21d (OCAT-ON Street or R.E.D. No. City or Town Cou	
S S F S E	The state of the s	unty State
SICAL EXAMplease execute the director. Flagin I elained for your DIRECTOR: Page or to burial, cremit t	WHILE ON NOT WHILE AT WORK AT WORK AT WORK	
blease execute director. Flogiliare to you blinkerTok: Pogor to you blinkerTok: Pogor to burial, cre	22a. I certify that I taak charge of the remains described abave, held an Autopsy 🖾 Inspection 📋, Inquiry 🔲,	and in my apınıan
olease ey director. etained DIRECTO	death resulted from. Natural couses, Accident, Suicide, Homicide XX Undetermined manner	
Date de la company de la compa	ACTUAL HOUSelfs. Weaks held CHIEF MED CAL EXAMINER (1) 12% PATE SIGNIE	
<u> </u>	SIGNATURE	
EPU SSSO SSSO FON INCES	EXAMINER'S Howard N. Weeks, M.D. 580 North Mile Aven of Hagerstown, by	
the the Heal	230 BUR AL CREMATION 23b. DATE 23c. NAME DF CEMETERY DR CREMATORY 23d .OCATION (City or Town) (Cour	nty) (State)
G.	Smithsburg Cemetery Smithsburg, Mc	1.
A.	24. FUNERAL DIRECTOR ADDRESS 1250 REGISTRAR 250 REGISTRAR SIGNA	
VR A15ME (5) 10M REV 1/68	Minnich Funeral Home, Smithsburg, Md. DATE JUN 13 1968 VCham	les Judges



. 1			D STATE DEPARTMENT OF		
1	.9067	DIVISION OF VITAL RECORDS,)	CERTIFICATE OF DEAT		() / 2
	EASED NAME First	Middle	Lost	2a DATE OF DEATH	2b, HOUR
(Typ	pe or print) Meda	Belle	Bowers	9une i	7 1968 8 361 M
3. SEX		4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Temale	White	March 20,	1894 last birthday)	MONTHS GAYS HOURS MIN
7a. BIR	RTHPLACE (State or foreign 7	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
countr	unesboro Pa	IKA	WIDOWED DIVORCED	Washington	Md.
10. Cit	OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 12a U	ISUAL OCCUPATION (Kind of work don	e 125 KIND OF BUSINESS OR
	Hagerstown	give street address) Garlock Nurs	during during	mast of working life, even if retired	.) INDUSTRY
13a U:	SUAL RES DENCE (Where deceased	I ved if institution Residence before	13c, CITY OR TOWN 13d INSIDE C		CAUTE NORGE
admiss	Maryland	13b, COJNTY Washington	Hagerstown YES X	NO 629 Hayes 1	Ave.
	THER'S NAME First	Middle Last	15 MOTHER'S MAIDEN NAN		Last
	Joseph	Cotta		Sarah	
	WAS DECEASED EVER IN U.S. ARME			Address	Hanasatawa Md
Yes	s, na, arunknawn) (Il yes give wor	or dates of service) 219-14-1	645 Mr. Robtn K. Box	vers 21 Cedar Cr	Hagerstown, Md. est Ave.
		ane cause per fine for (a), (b), and (c)			APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 1 DEATH WAS CAUSED	BY	no Recent		DETECTION OF ANY DEATH
	F120	DUE TO, OR AS A CONSEQUENCE OF		/ ^	1
	Canditions, if any, which gave	10 10 110	eletre beler	Decrave	Colms
l n	rise ta immediate cause (a), (DUE TO, OR AS A CONSEQUENCE OF	7	2	
	stating the underlying cause	10 Chr	rice cuzar	/	ZM
	PART 2. OTHER SIGNIF.CANT COND	HITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART I(a)	
	4 *1,		•	• ,	
NO IN		ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g AUTOPSY?		S CONSIDERED IN CERTIFYING
CERTIFICAT			YES NO	CAUSES OF DEATH?	
	To ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCURRED (I	inter nature of injury in Part 1 or Part	2, Item 18.)
- 16	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year P.M. 15			
\$ 7	214 NI BY OCCUPSED 216 P	LACE OF INJURY (AT HOME, FARM STREET FAC	(FORY.) 21f LOCATION Street or R.F.D.	No City or Jawn	,County State
lu lu	While Nat while I	forest damming sig	1 721/11	1/1	18
	220. I certify that (1) (this	hospital) attended the decease	ed/1001/1/00/100/10	9, ta	1900, that (1) (we) last
	saw the deceased ali	vo nn (C) / (C)	90 A and that in (my) (ear)	opinion death occurred on the	date one hour and from the
		(I) (we) (did) (did not) view the	body after death.	/	1 1
	22b SIGNATURE	05 WICATA	ATTENDING TO	MED STAFF	DATE SIGNED
-	Me many	01-100	DEGREE PHYS	DIRECTOR L PHYS L	7/10/60
2	PHYSICIAN S NAME (Type) Donald	E. Martin, M.D.	22e. ADDRESS 363 S. C	leveland Ave., Ha	gerstown Md.
220	BURIAL CREMATION. 235 DA	ATE 22. MARK OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify)		etan Natl. Cemete		1 1
	UNERAL DIRECTOR	ADDRESS		D. BY REGISTRAR Lash. REGISHA	A.S. SIGNAL RE ()
		neral Chapel Hage		JUN 1 % 1968 1	and hard

219-1-41-512

1				MARYLAND STATE			
1		0000 DI	VISION OF VITA	· · · · · · · · · · · · · · · · · · ·		LTIMORE, MARYLAND 21201	71.5
		00000			CATE OF DEATH		
ond 2 deoth.		CEASED-NAME First (pe or print)		Middle	Last	2g. DATE OF DEATH Month Day	Year Zb. FOURM
	<u> </u>	VAL	SMITH	BRISTOW	Sr	June 13 1968	7.2UM
	3. SE		RACE		S. DATE OF BIRTH	6. AGE (In years last birthday)	IF JINDER YEAR IF UNDER 24 HRS.
	_	Male	White		July 17 1	917 50 YRS	
			CITIZEN OF WHAT CO	MMMICO	NEVER MARRIED	9. COUNTY OF DEATH	
		Itimore City	USA	WIDOWED		Washington	Md
	10 C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL OR INSTITUTION (If a	not in hospital 12a U	ISUAL OCCUPATION (Kind of work done	126. KIND OF BUSINESS OR INDUSTRY
	Н	agerstown	Wash C	ounty Hosp	ital	mast at working its, even if retired.) Merchant	Retired
ī	13a admi	JSUAL RESIDENCE (Where deceased li	ived, if institution: Re 135. COUNTY	sidence before 13c, CITY OF	R TOWN 13d. INSIDE C	10(7)	
í	M		13b. COUNTY Washingt		STOWN	OWK_UIT	
	14. F	ATHER S NAME First	Middle	Lost	S, MOTHER'S MAIDEN NAM	E First Middle	last
	ᆫ	Floyd B rist				e Smith	
	160. Y	WAS DECEASED EVER IN U.S. ARMED I	Inter of senure)		INFORMANT	Address	
		No	207-	01-4009 M		W. Bristow 1013	Oak Hill Av
		1B. CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED BY		(a), (b), and (c).)	Hagersto	own Md.	BETWEEN ONSET AND DEATH
		MMEDIATE (rema	& len	nantiago	- 2/Mg 68
		4310	DUE TO, OR AS A CO	ONSEQUENCE OF	•	0	0
		Conditions, if any, which gave a rise to immediate cause (a).	(b)				
		stoting the underlying couse	DUE TO, OR AS A CO	ONSEQUENCE OF			12
		last	(t)				Nepellinza.
		PARY 2. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING T	O DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(a)	- Langer
	ž	Typulune	and	VX45	lamale	20b. IF YES, WERE FINDINGS CO	Me Depend the centres the
	3	190. ATE OF OPERATION 196. CON	DITION FOR WHICH UP	ERATION WAS PERFORMED	20a. AUTOPSY?	CAUSES OF DEATH?	INSIDERED IN CERTIFIING
	CERTIFICATION	21a ACCIDENT WAS UNDERLYING	215. TIME OF INJUR	v [ā], U		inter nature of injury in Port 1 or Part 2, In	tom 101
		OR CONTRIBUTING CAUSE OF CEATH	HOUR A.M. Mor	ith Doy Yeor	IOM INJUNI OCCURRED (E	mer nature at injury in Part t of Part 2, in	nem: Ip.)
	MEDICAL	(If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLAI	P.M.	AE ENDIN STORES ENTROPY) 23 C II	OCATION Street of DED	Na. City ar Tawn	County State
	-	While hot while at wark of wark	OFFICE	NE. FARM, STREET, FACTORY.) 21f. LI BUILDING, ETC.	OCATION SIREE OF K.F.D.	Nd. City di Idwii	Cutility 31016
	П	220. I certify that (I) (this h	acnital) attanda	hthe deceased from	De i	(23 to Salto 19	, that (1) (we) last
		snw the deceased alive	on / 2 5	1965C. an	id that in (mv) (aur) :	apinion death occurred an the dat	te and hour ond from the
		couses stored above, (I	(we) (did) (didy	ot) view the body ofter	deeth.		
		22b SIGNATURE	1/1/2	5 / /	ATTENDING -	MED. STAFF 22c. D	ATE SIGNED
	1	11 Culus	1/1	main	REE PHYS. XIX	MED. STAFF PHYS. 14	June 68
ì		21d. PHYS CIAN S NAME (Type) 10 3 of and			22e. ADDRESS		
		Muchai		orld, M. D.			cstown, Md.
	23a	BURIAL, CREMATION, 23b. DATE		23c. NAME OF CEMETERY OF		23d. LOCATION (City or Tawn)	(County) (Stote)
		11 11 11 11		Rest Haven		Hagerstown Was	
1	24	Andrew K. Co	ffman Fu	d. ADDRESS	Tno	JUN 2 0 1968 REGISTRAR S	arla Judge
1		HOTEN V. CO	Timen and	0146	DATE	0011 ~ 0 1000	0 0



and the same		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 D (i	CEASED NAME First Middle ast 20 DATE KNOWN Month Day Year 2b HOUR OF ESTI DEATH MATED 6 15 19 65 1 mm
deloy	3 SI	EMALE WHITE 12/2/1881 6 AGE (In years IF UNDER 14 HRS OF JNDER 24 HRS OF JNDER
orm P	7a (GUII	SIRTIMPLACE (State or foreign 7b CIT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED WASHINGTON Md
offer death any 8. Give Pages 1, 2, c olong with form PM with the State Depart	F	III. NAME OF HOSPITAL OR INSTITUTION (If not in hosp to 120 USUAL OCCUPATION (Kind of work done 12b Kind of Business or 14 GERSTOWN 11. NAME OF HOSPITATION CO. HOSPITATION (Find in hosp to 120 USUAL OCCUPATION (Kind of work done 12b Kind of Business or 180 USUAL OCCUPATION (Kind of work done 180 USUAL OCCUPATION (Kind of wor
ofter 8. Giv olong With (13a a	USUAL RES DENCE (Where deceosed lived, if institution Residence betare 13c. CTY OR TOWN 13d MISIDE CTY LIMITS? 13e. STREET AND NUMBER 13b. COUNTWASHINGTON HAGERSTOWNES NO 714 MARYLAND AVE.
hour litera Diffice offers	14 F	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost ERNRY BIXLER SEVILLA GARVICK
enctl in miner's poles, hours	16a (1	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 220-09-7862 MRS. BESSIS V. GARMAN MD.
executed within anding" in pencil Medical Examine, t perm t File po		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
INER: This certificate shauld be executed within 24 e certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's files. 3 should be used as a burial-transit perm t File poles, cation, or removal, and in any event within 72 hours		Out TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove)
shauld be e ne word "per o the Chief I burial-transit		stating the underlying cause lost. (c) DUE TO, OR AS A CONSEQUENCE OF Sclusion (d)
certificate writing the prwarded to used as a b moval, and	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 4200 — acture lt. ferrer
This certificate iiote, writing this be forwarded to do be used as a bor removal, and	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO
INER: The certifico e certifico should be files. 3 should be as should be action, or	MEDICAL CER	210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem 1B) PRIMARY OR CONTRIBUTING HOURAM CAUSE OF DEATH CAUSE OF DEATH
	ME	21d INJURY OCCURRED 21e P.ACE OF INJURY (At hame, form, street, while MORK AT WORK AT
ICAL EXPECTURE PORT OF		22a. I certify that I taak charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my opinion death resulted fram. Natural causes, Accident, Suicide, Homicide, Undetermined manner
TY DICA y, please ex- trol director.		ACTUAL AC
0 .0 22		EXAMINER'S NAME (Type) Edward W. Ditto, III, N.D. Edward W. Ditto, III, N.D. ADDRESS(Street, city town, or county) Hagerstown, Nd.
TO DEPU necesso the fun 5 moy TO FUNE Heolth	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote)
VR A15ME (5) 10M REV 1768	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 255 REGISTRAR SIGNIFICATION DATE JUN 20 1968 THAT I WAS TO SEE THAT SIGNIFICATION DATE JUN 20 1968

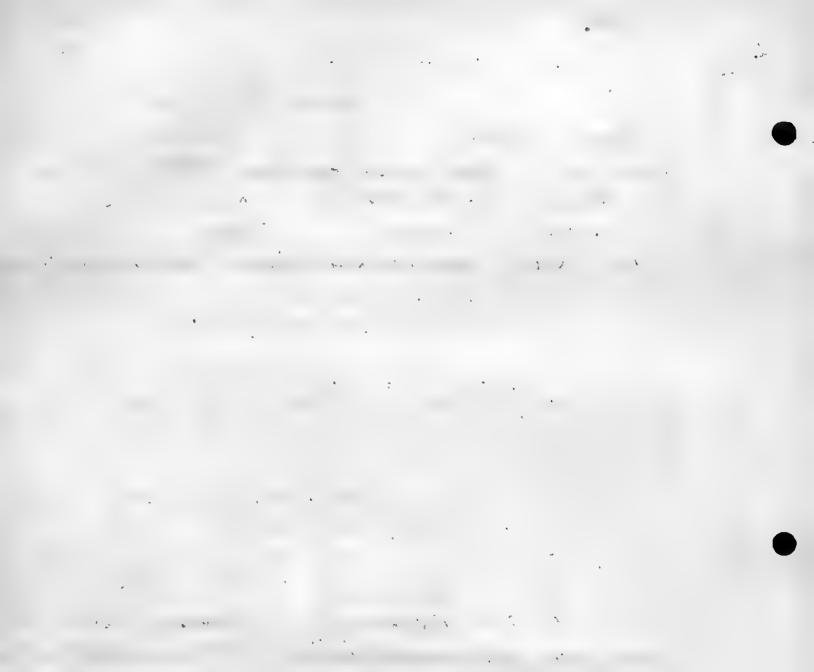
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1	MARYLAND STATE DEPARTMENT OF HEALTH
	OS CON DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED NAME First Middle Last 20 DATE KNOWN Month Day Year 36 HOUR
9 % 5	(Type or Print) Larry James Carbaugh OF EST 6-6-68 19 A M
	3 SEY A PACE IS DATE OF RIRTH 6 AGE (IN WASTS FUNDER 1 YEAR FUNDER 24 MRS 27 DATE PROMODINED DEAD 20 HOUR
	male white 2-23-39 last birthdey] MONTHS DAYS HOURS MAN Month Par 1965 235M
E 7 7 10	70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
- 8	COUNTRY Iaryland USA W.DOWED DIVORCED Washington Md
Pages with for	10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (if not in hospital) 12a USUAL OCCUPATION (Kind of work done 12b Kind OF BUSINESS OR
hours after death tem 18 Give Pages 1. Office along with form 1 and 2 with the State a after death.	Hagerstown give-street_oddress)Co. Hospital during most of working life, even if retired.) INDUSTRY auto dealer
Grv Grv ng ng th th	13g USUAL RES DENCE (Where deceased lived, if institution Residence before) 3c CITY OR TOWN 3d INSIDE CITY CM 157 13e STREFT AND NUMBER
hours after tem 18 Gr Office olong lond 2 with after death	admission) STATE Md. 13b COUNT Washington Hagerstown YES 100 1035 Concord St.
hours tem Office office	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
	James B. Carbaugh Charlotte Pangle
hin 24 ncil in naneris pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS
is certificate should be executed within 24 e, writing the word "pending" in pencil in forworded to the Chief Medical Examiner's e used as a burial-transit permit. File pages emoval, and in any event within 72 hours	Yes or unknown) 1 (1936-1958) 214-34-7670 Doris W. Carbaugh, Hagerstown, Md.
W X X	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) APPROXIMATE INTERVAL BETWEEN OMST AND DEATH
be executed "pending" nief Medicol E.	PART I. DEATH WAS CAUSE BY IMMEDIATE CAUSE (a) Gun Shot Warred head 1-2 las.
xec Indim Med Med T w	755 X DUE TO, OR AS A CONSEQUENCE OF
ef f	Canditians, if any, which agre a
	rise to immediate couse (o), (b) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
certificate should be e writing the word "per rworded to the Chief I used as o burial-tronsit novol, and in ony ever	lost.
the shift of the number of the	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
ing ing ded ded as o	9 14 7
certifi orword used c	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY?
s ce forv emc	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 197. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO CAP 210 EXTERNAL CAUSE WAS 210 TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)
This reate, be to the u	21a EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)
INER: The certific should be files. 3 should latter.	PRIMARY FOR CONTRIBUTING HOURAM 6-619 62 Self wiflicted que shot wound Head
NE should should atto	PRIMARY FOR CONTRIBUTING HOURAM 6-6 19 62 Self wiflicted que Shot would Head CAUSE OF DEATH 21d INJURY OCCURRED 210 PLACE OF INJRY (At home form street, 21f LOCATION Street or R.F.D. No City or Tayyon County Stote
EXAMINER: This certificate should cute the certificate, writing the word age 4 should be forworded to the C your files. Page 3 should be used as o burial-tru. Page 3 should be used as o burial-tru.	WHILE ON NOT WHILE TO foctory off ce building, etc.)
cute cute age : Pa	220. I certify that I took charge of the remains described above, held on Autopsy , Inspect on , Inquiry , and in my opinion
ICAL E executor Por Por Por CTOR: burial,	
oleose e director estoined DIRECT	
Ty please y, please rol directo te retaine AL DIREC	ACTUAL CHIEF MEDICAL EXAMINER (226, DATE SIGNED
TY. IY. I	SIGNATURE CHURCH IN DIAGONAL MD ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER G-7-68
DEPUTY SICAL EX ressory, pleose execut e funerol director Pag may be retained for y FUNERAL DIRECTOR: P	EXAMINER'S NAME (Type) Edward W. Ditto, III, M.D. ADDRESS(Street, city, town, or caunty) 217 Wet Wash. M.St.
ro DEPUTY necessory, the funero 5 may be 10 FUNERA	230 BJRIA, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (Stote)
=	burial 6-8-68 Rose Hill Cemetery Hagerstown, Md.
MA	
VR A15ME	Minnich Funeral Home, Hagerstown, Md. 250 RECD BY REGISTRAR 250 RECD BY RE
10M REV 1/8	Dritt and a second



MARYLAND STATE DEPARTMENT OF HEALTH





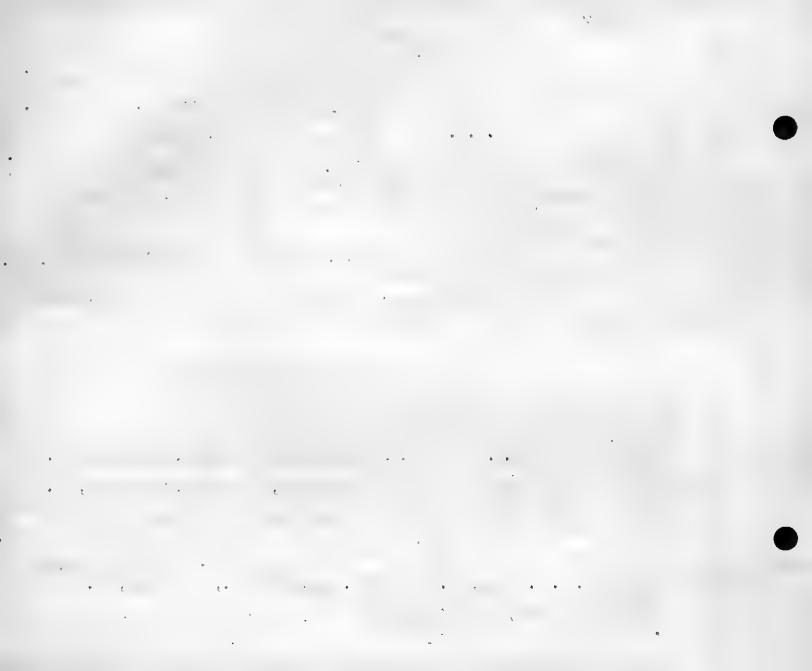
1.		MAKTLAND STAT DIVISION OF VITAL RECORDS, 301 W.	E DEPARTMENT OF HEA		
	99065		ICATE OF DEATH	AL, MARILAND 21201	
Ī	DECEASED NAME First	Middle	Lost 2	O DATE OF DEATH	2b. H0,02
L	(Type or pant) GERTR		KENSTAFF	June 7 1968	Year 6.4
3.	SEX	4. RACE	S. DATE OF BIRTH	last birthday) Ma	UNDER 1 YEAR OF LINDER 24 HRS
L	Female	White		1874 93 YRS.	
70	BIRTHPLACE (State or foreign 7)		TO THE LEV MAKKING TO	OUNTY OF DEATH	
L	Maryland	USA WIDOW		Washington	N
L	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (give street address)	duting most o	of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
12	Boonsbore	hved, if institut on Residence before 13c CITY	V Hone Hou	sewife On	n Home
00	mission) STATE	LI3h COUNTY	VEC-W NO		
H	Maryland FATHER'S NAME First	Mashington Hagers Middle Last	IS. MOTHER'S MAIDEN NAME First	1013 Corbett S	Lost
ľ					6031
h	Simon Trumpo o. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b SOCIAL SECURITY NO.	Ruanna R	Address	
ı	Yes, na, or unknown) (If yes give ward	or dates of service)	Fred M. Cole	8 Marbern Ros	ed
F		ane cause per line for (o) (b), and (c)	Hagerstow		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
l	PART I. DEATH WAS CAUSED E	CAUSE (0) Kaleriselene	tu cardo	Vaseelena	104
l	I I I I I I I I I I I I I I I I I I I	DUE TO, OR AS A CONSEQUENCE OF		1	
П	Conditions, if any, which gave	(b) COACUTAL	Halmon	hage	10 days
Т	rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			1
ı	lost.	(c)			
П	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NOT RELATE	TO THE TERMINAL DISEASE OR COND	DITION GIVEN IN PART 1(0)	
1	4 h				
1000	190. DATE OF OPERATION 196. CO	NDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS CONS CAUSES OF DEATH?	SIDERED IN CERTIFYING
	21- AZZINENI MAS ÜNDERLYING	Total True or Indian	YES NO		10.3
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year	. HOW INJUKT OCCURRED (Enter no	ture of injury in Part 1 or Port 2, Item	n (a.j
100000	(if either, natify medical examiner 21d. INJURY OCCURRED 21e. Pl	P.M. 19	LOCATION Street of D.E.D. No.	City or Town	County State
1	While Not while	ACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21	. CONTION STEEL OF K.L.D. 40.	City of fown	County stuff
	at work — at work —	hospital) attended the deceased from	1609 5 1968	10 Jens 7 19/m	that (I) (we) Ir
	saw the deceased aliv	hospital) attended the deceased from	ond that in (my) (eur) opinio	n death occurred on the date	and hour ond from t
	causes stated abave,	(I) (we) (did) (did with view the body aft	er death.		
	22b. SIGNATURE	Lellan 911 To	EGREE PHYS DIRECT	C SIAFF C	SIONED /
1	22d. PHYSICIAN'S	Levan M.O	EGREE PHYS DIRECT	TOR LI PHYS, LI	10/00
1	NAME (Type)	U. Levan M.D.	226. ADDRESS JAK	nsmo.	nd
2	ia. Burial, Cremation, 23b. DA	TE 23c. NAME OF CEMETERY	OR CREMATORY 12	3d. LOCATION (City or Town)	(Caunty) Md (State)
1	DEMOVAL (Const.)	9/68 Little Rose			ing Wash C
2	I. FUNERAL DIRECTOR Hage:	rstown, Md. ADDRESS	2Sa REC'D BY R		WATURED
	Andrew K. Co	ffman uneral Home	Inc DATE JUN	11 1900 /	Carl And

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1 1	MARYLAND STATE DEPARTMENT OF HEALTH	
A \	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE()	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DIREL	DECEASED-NAME (Type or Print) IRENE B, COLLER DEATH MATED G-14 15	GE 12/2M
dry detay is 1, 2, and 3 to im PM3. Page Department of	SEX 4 RACE S DATE OF BIRTH 6. AGE (In years F UNDER 14 HRS 2c DATE PRONOUNCED DEAD 105k Directory) MONTHS DAY'S HOURS MAIN. MONTHS DAY'S HOURS MAIN.	2d HOUR
ny det 2, and PM3. portme	BORTHPAACE (Stote or foreign 76 CITIZEN, OF WHAN COUNTRY? 8 MARRIED TREVER MARRIED 9. COUNTY OF DEATH A	35 12 NAM
form, form	PENNA. U.S.A. WIDOWED DIVORCED 11/AShington	Wg
deoth with day	CITY OF DOWN OF DEATH 11 NAME OF HOSPITAL OR INSPITUTION (If pot in haspital) 120 USE AL OCCUPATION (Kind of work stane) 12b KIND OF 12b KIND OF 12b KIND OF 12c during fest of work light end of the stane) 12b KIND OF 12b KIND OF 12c during fest of work light end of the stane)	BUSINESS OR
s after 18. Give atong	OUSVAL RESIDENCE (Where deceased ved, frastitulian Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission of STATE 11 G. 13b CHART AIK III STREET AND NUMBER 2	
24 hours in Item 1: r's Office II lond 2: rs frer d	FATHERS NAME First - Brunch 1 don 1 15. MOTHERS MAIDEN NAME First - Middle	Last
I within 24 in pencil in Examiner's File page≡ 7.72 hours	WAS DECEASED EVER IN U. SCARMED FORCES? Yes, To, of UNFROWN) (Type-que wor or dates of service) 220-10-3348 Harry C. Coccup. Dicon	engly.
executed with adding in permit Example Transferol Example permit. File it within 72	PART I DEATH WAS CAUSED BY	MATE WITERVAL - DNSET AND DEATH
ould be executed word "pending" in the Chief Medicol Eriol-transit permit. Front ony event within	DUE TO. OR AS A CONSEQUENCE OF	
d be d 'p d 'p Chief transi	Conditions, if any, which gove rise to immediate couse (a). (b) Rustratus Gunthof Wurked Lead & Cales. White of the underly no course (b). DUE TO, OR AS A CONSEQUENCE OF	- /
£ 0 0 5 E	lost (c) Fronto/ lobe of Subdural Hematome	8 hen
s certificate should e, writing the word forworded to the Ci usmd as a buriol-tra emovol, and in ony	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUT WAS PERFORMED? YES	DPSY?
INER: Thi e certificat should be files 3 sh≡u≡ be	210 EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING 21b TIME OF INSURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of insury in Part 1 or Part 2, item 18) FAM 6-1319 68- Self wiflicted quishof wound	to Head
	21d INJURY OCCURRED 21e PLACE OF INJURY (At nome, form, street, while NOT WHILE NOT WHILE AT WORK AT W	State Pa.
ICAL EXAM execute the for, Page 4 ed for your CTIM: Page		my opinion
blease exector. Percent. Perce	death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined manner []	
2 <u>0</u>	ACTUAL SIGNATURE CLUS EN L. IN DE HOTEL M.D. ASSISTANT MEDICAL EXAMINER (1) 226. DATE SIGNED	
o DEPUTY necessary, p the funerol 5 may be re 6 muleRAL	EXAMINER'S DR. EDWARD W. DITTO 111 DEPUTY MEDICAL EXAMINER 1	d
TO DEPL necesso the fun 5 may TO NUME	NAME (Type) 2 17 W. WASHINGTON ST., HAG. MD. 2016 April 10, city, town, or county) BURNE (REMATION, 23b DATE 23c, NAME OF CEMETERY OF CREMATORY 23d YOLAY ON (City or Town) (County)	/(Stole)
	FUNERAL DIRECTOR 250 RECISTRAR 250 REGISTRAR SIGNATURE	9.
VR A15ME [5] 10M REV 1/68	16 Africh - Freenesste DATE JUN 17 1968 Houses &	usy:
	/ · · · · · · · · · · · · · · · · · · ·	

r + } . . -

KK 12		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	t, my
HEALTH DEPT.			Day Yeor d2b HOUR
₹ 5 € ±	(ECEASED-NAME First M ddle COOLEY 20 DATE KNOWN DOT DEATH MATED DE	30 1968 P.
deloy is	3 5	4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 2c. DATE PRONOUNCED DEAD	68 2d HOUR
		MALE WHITE 1/13/1914 54 VRS July 3.0	Year B 40 M
The second second	7o :	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9 COUNTY OF DEATH	
F Se je		U.S.A. WIDOWED DIVORCED WASHINGTON	Md Md
deol Mith with			NOUSTRY OF BUSINESS OR
fer (Give		LAGERSTOWN 1325 OUTER DRIVE. NIGHT SUPERVISOR LS_AL RESIDENCE (Where deceased ved, finst fution Residence before 13cc (WYDE GWWN 13d. MS)OC CITY LIM TS 13e STREET AND NUMBER 13b. COUNTY	AIR FREIGHT
hours after death Item 18 Give Rags Office along with 1 land 2 with the Sta	0	MARYLAND 13b. COUNTY WASHINGTON YES NO 1325 OUTER DI	RIVE
em em em em em ond 2		ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			GROVE
INER: This certificate should be executed within 24 hours after death se certificate, writing the word "pending" in pencil in Item 18 Give Roges 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a burial-transit permit. File pages land 2 with the State of the contraction, or removal, and in any event within 72 hours after death.		WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT JEANNETTE COOLEY RIDGE 17 MRS. JEANNETTE COOLEY RIDGE	ELEZ3W VA
ed with per I Exam I Exam I Exam I Exam I Exam I I Exam I I I I I I I I I I I I I I I I I I I		IB CAUSE OF DEATH (Enter anly one cause per line for (a), (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
should be executed ne word "pending" is the Chief Medicol buriof-tronsit permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Gumshot Wound Of Head	Instant
exe endi Me it pe		955 X DUE TO, OR AS A CONSEQUENCE OF	
t be chief		Conditions, if any, which gave nise to immediate cause (a) (b)	
ould work the (iof-t		stating the under ying couse DUE TO, OR AS A CONSEQUENCE OF	
the the to the		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
TY SICAL EXAMINER: This certificate should be executed with y, please execute the certificate, writing the word "pending" in period director. Page 4 should be forwarded to the Chief Medicol Example testined for your files. **AL DIRECTOR: Page 3 should be used as a buriol-transit permit. File prior to burial, cremation, or removal, and in any event within 72	NC	976 X	
is cert forwor forwor e usec remov	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This cate be for the period of	ERTIF	210 EXTERNAL CAUSE WAS 21b TIME OF INIURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	YES NO X
ould in, o	MEDICAL (PRIMARY LANGR CONTRIBUTING A L.A. MODIKA M.	
INER Ine cer shou's files. 3 sho	MEDI	CAUSE OF DEATH P.M. P.M. June 30% 68 Shot in head with rifle, self inf 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. OCATION Street or R.F.D. No. Gity of Town	Caunty State
L EXAM ecute the Page 4 or your R:Page id, crem		21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT	on. Md.
DEPUTY SICAL EXAMINER: cessory, please execute the cert e funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremotian,		22o. I certify that I took charge of the remains described above, herd an Autopsy , Inspection (34). Inquiry ,	
e e e e crtor.		death resulted from. Natural causes 🔲 , Accident 🔲 , Suicide 🗷 , Hamicide 🔝 Undetermined monner	
please explication.		ACTUAL & SILVER CHIEF MEDICAL EXAMINER	
JTY, porto, perio		SIGNATURE ASS STANT MED CA. EXAMINER 220 DATE SIG	
DEPUTY necessory, I the funerol 5 may be r 7 FUNERAL Health prid			3, 1968
TO DEPUT necessory the funer 5 moy be TO FUNERA Health p	23a		(County) (State)
		BURTAL 7/5/68 CEDAR LAWN MEM. GARDENS HAGERSTOWN V	
25	24	FUNERAL D RECTOR 250 RECD BY REGISTRAR 250 REGISTRAR'S SIG	GNATURE
VR A15ME (5)	a	I Herwent Hagesslown Med DAJUL - 8 1968 Jeliante	o Judge



MAKTLAND STATE DEPARTMENT OF REALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH **DECEASED-NAME** First Middle last 2a. DATE OF DEATH 2b. HOUR after death (Type ar print) Month Clude dwin 2044 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS 1 DAYS HOURS March 6, 1909 YRS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED Washington WIDOWED 5 DIVORCED [Lena Md. requires that the death certificate be executed within 24 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR give street address) during most of work ng life, even if retired) INDUSTRY burial, crematian, or remayal, and in any event, wit Machinist Helper
TY LIMITS? 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before YES 🔀 114 Buena Vista Ave. Haaerstown 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Last Zehn Martha 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no ar unknown) (If yes give war or dates of service) C.W. Cross Buena Vista Ave. Hagerstown 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if 6ny, which gave) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been detached for use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES | certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TENDING PHYSICIAN OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) directar, page 3 shauld be detache should be filed with the State Dept. (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while TO FUNERAL DIRECTOR: After this at wark 22a. I certify that (1) (this hospital) attended the deceased from _1968, and that in (my) (aur) opinion death accurred on the date and have and from the saw the deceased alive an-20 couses stated above, (1) (we) (did) (dib not) view the body ofter death 22c. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. 1135 Potomac Avenue 22d. PHYSICIAN'S NAME (Type) Richard T. Binford. 23c NAME OF CEMETERY OR CREMATORY 23a 10CATION (City or Town) 23a BURIAL, CREMATION, 23b DATE (Casnity) (State) Rest Haven Cemetery Nagerstown-Was Rest Haven Inneral Chapel Hagerstown Md



ION STREET, BALTIMORE 1, MARYLAND DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b_CITY OR TOWN (if putside corpora c. CLTY-OR TOWN (If outside adfoorate limits, write RURAL and give negrest town) write RURAL and give nearest to OA e. IS RESIDENCE ON A FARM? YES NO A NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last buthday) Months DIVORCED 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 18. CAUSE OF DEATH [Enter only one seuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) Hur **DUE TO** (b) gave rise to immediate ceuse **DUE TO** (a), stelling the underlying cause lest DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART IL OTHER SIGNIFICANT CONDITIONS PERFORMED? NO 20. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, Enter neture of injury in Peril or Peril of item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 2Df, (City or lown) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer Not While lectory, street, office bldg., etc.) While Hour a.m. et work et work 19 6 1 to Jane LO 19.6 t, that (1) (wo) last M, from the causes and on the date stated above. saw the deceased alive on... Make19.. 6.8, and that death occurred at 22b. DATE 22a. SIGNATURI SIGNED ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 226. PHYSICIAN'S Washington Street NAME (Type) Ditto, III. Hagerstown, Maryland 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 25e. REC'D BY 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 7-62



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Last First Middle 2a. DATE OF DEATH 2b. HOUR opers. Pages 1 and 2 n 72 hours after death. TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death fumerol I ond (Type or print) Yeor Katherine Dauchev Cunningham June S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (in years IF LINDER 1 YEAR last birthday) OAYS PURS female white March 15, 1886 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country Virginia = USA Washington WIDOWED X DIVORCED [7] ed 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR ahrney-Keedy Mem. Home HEDUSTRY during most of working life, even if tehred) Boonsboro Gov. etely 130, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET AND NUMBER Comple odmission) Maryland Washington Hagerstown YES NO 🗐 RFD é remov burial, tremotion, or remayal, and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Last puo Eliphalet R. Merry Lizzie Center 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, or unknown) Mrs. Barl Grove, Hagerstown, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) 440C5+9 DUE TO, OR AS A CONSEQUENCE OF Heart signed by the burial-tronsit p Arteriosclerotic Conditions, if only, which gove) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 4201 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO Z YES 🗔 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while 220. I certify that (1) (this hospital) attended the deceased from Sept 5 , 19 57, to JUNA 12 , 19 68, that (1) (we) last saw the deceased glive on Juno 13 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d, LOCATION (City or Town) (County) 23a BURIAL, CREMATION, (State) 6-15-68 Lewinsville Cemetery Lewinsville. 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Minnich VR A15 (4) Funeral Home, Hagerstown, Md. 17 1968 30M REV 1/68



MAKTLAND STATE DEPAKTMENT OF MEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME First 20 DATE KNOWNER Month 2h HOUR (Type or Print) L. ouise EST CAROL DE VORE PM3. Poge 68 DEATH MATED 6 AGE (In years 4 RACE S DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED DEAD 3 SEX 2d HOUR Month 6 F White 3-9-1940 1068 7a BIRTHPLACE (State or foreign MARR ED NEVER MARRIED 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH along with form with the State D. Robertsdale, Pa. Item 18. Give Pages 1 WIDOWED | DIVORCED [Washington 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 12a JSUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Wash. Co. Hosp. during most of working life, even if retired.)
Housewife INDUSTRY Hagerstown 13a USUAL RES DENCE (Where deceosed lived, finstitution Residence before 13c CITY OR TOWN 13d INSIDE CITY L Mits? 13h COUNTY Cumberland Shippens burge [odmissian) STATE Pa. s Earl St Office 14. FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME Middle Annie Hess James Frank Brown = should be forwarded to the Cnief Medical Examiner's 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** bod (Yes, na. or unknown) Donald C. Devor Shippensburg Pa. .81-32-3926 Fife APPROXIMATE INTERVAL Œ event within executed 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND CHATH permit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Compound fractured skull brain-stem injury Davs DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), certificate should the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoling the underlying cause .⊆ PART 2. OTHER SIGNEFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal 190 DATE OF OPERATION 19b COND T ON FOR WHICH OPERATION 20 ALTOPSY? CERTIFICAT WAS PERFORMED? YES 🔲 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Dov. Year 3 should PRIMARY OR CONTRIBUTING cremation. Passenger in car hitting utility pole.

21f. LOCATION Street or R. F.D. No City or Town Gounty Stoke **EXAMINER:** 21e PLACE OF INJURY (At home, form, street Shippensburg Frank. factory, affice building, etc.) AT WORK AT WORK Street W. King St. burial, 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection . Inquiry . and in my opinion Notural couses . Accident . Suicide . Undetermined monner deoth resulted from-Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE 6/3/68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy TO FUNE Health Howard N. Weeks Wash ADDRESS treet, city, town, or county) Hagerstown. NAME (Type) 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Spring Hill Cenetery Shippensburg-Curb.Pa. 6-6-1968 ADDRESS **FUNERAL DIRECTOR** 250 RECTO BY REGISTRAR 2Sb REG STRAR S SIGNATURE 14385hippensburg, Pa. VR A15ME (5) 10M REV 1/68

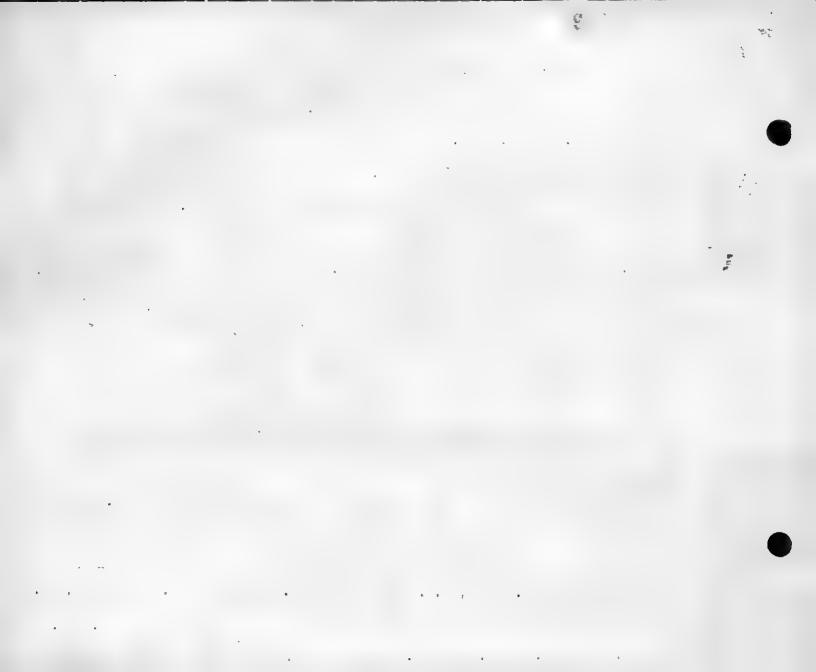






1	1	29279	nı	VISION OF VIT	AL RECORDS	301 W PI		FFT RAITIMO		YIAND 21201		
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~ £			ırst		Middle		Lost	2	a. DATE OF			2b. HOUR
deoth	{I)	(pe or print) Vil	gie	Ma	y	Fal	irney			June 2	4, 1968	6:00P
	3. SEX	(1	4 RACE			S. DATE OF BIR	тн		6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
		Female		White			Feb.	15, 1881	1	last hirthday) 84 YRS.	MONTHS DAYS	HOURS MIN.
	70. B	IRTHPLACE (State or foreign	7b.	CITIZEN OF WHAT O	OUNTRY?	B MARRIED	NEVER MARR	RIED N. C	OUNTY OF	DEATH		
		an Mar, Md.		U. S. A		WIDOWED				ington		Mi
	Ha	TY OR TOWN OF DEATH		give street	of Hospital or IN: address) hington	CO. Ho	or in hospital	during most of HOT	CCUPATION of working nemarks	(Kind of wark done life, even if retired.)	INDUSTRY	BUSINESS OR Home
	13o. odmis	LSUAL RESIDENCE (Where design). STATE	ceosed l	ived, if institution.	Residence before	13c. CITY OR	TOWN 1	3d. INSIDE CITY LIMITST	1	REET AND NUMBER		
		sicol STATE Maryland		136 COUNTY Washing		Boons	0000 F		Rf	d. 2		
	14 F/	ATHER S NAME First	τ.	Middle	Last		MOTHER'S MAI	IDEN NAME First		Middle		Last
	1/-	Josep WAS DECEASED EVER IN U.S.		concres lin	Fahr		NFORMANT	Jenr	ne	Address		Cost
	Ye			dates of services					' D.		,	24.2
					16-46-46		s. Mar	y_Fahrne	y, Ki	a. 2. Boo	nsboro.	MCC.
	П	1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	NUSED BY		r (a), (b), and (c)	/ .		1//	1.11		BETWEEN C	DISET AND DEATH
	Ш	1/1/ IM	NEDIATE (AUSE (a)	mye	carre	aj	mar	44620		30.	nu,
		Conditions, if any/which g	ove)	DUE TO, OR AS A	CONSEQUENCE OF	Tien	Sunt	4. 16.	- +	Gum	de	cap
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		stoting the underlying ca lost.	nze	{c}	constitue of							
	H	PART 2 OTHER SIGNIFICANT	CONDITI		TO DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE OR COND	HTION GIVEN	I IN PART 1(o)		
		~A		,								
	CERTIFICATION	190, DATE OF OPERATION	19b. CON	DITION FOR WHICH C	PERATION WAS PE	RFORMED	20o. AUTOP	SY?		YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
	MERC						YES 🔲	NO.	CAUSES	OF DEATH?		
		21g. ACCIDENT WAS UNDER		215 TIME OF INJ		21c. HC	OW INJURY OCCU	JRRED (Enter no	ture of injur	y in Port 1 or Part 2,	Item 18.)	
	ĕ	(If either, notify medical ex	aminer)	P.M.	onth Day Year 11							
		21d INJURY OCCURRED While Not while	21e. PLA	CE OF INJURY (AT N	OME, FARM, STREET, FA CE BUILDING, ETC.	CTORY) 21f. LO	CATION Street	ar R.F.D. No.	City	ar Town	County	State
		at wark all work —	4.1				//	10 70		1	A	100 1
		220. I certify that (I) saw the decease	(this h	aspital) attende	ed the deceos	ed from_	that in (my	1962	=, 10	ence 7 7, 19	that	(1) (we) las
		couses stated at	a anve) (we) (did) (did	net) view the	body after a	leath.) (ani) obiilia	ii deurii d	conten on the o	are ona nour	חוו וווסדו טווט
		225. SIGNATURE			. 1.	,	س.	D MED			DATE SIGNED	
				Edun	45 Theu	DEER	EE PHYS	G MED. DIREC	TOR	STAFF PHYS.	6-27-6	88
O HOSPITAL OR ATTENDE Poge 4 may be retained O FUNERAL DIRECTOR: A director, poge 3 should should be filed with the		22d. PHYSICIAN S NAME (Type) Eds	son	B. Moody	M.D.		22e ADDR 363		eland	Ave. Hage	,	
	23o.	BURIAL, CREMATION,	36 DATE		23c NAME OF	CEMETERY OR	CREMATORY	2:	d LOCATIO	N (City or Town)	(County)	(Stote)
		REMOVAL (Specify)	6-	27- 68	Mt. Zi	ion Cen				lar, Wash.	Co., M	d.
		FUNERAL DIRECTOR			ADDRESS			2Sa. REC'D BY RI	GISTRAR	255 REGISTRAR	SIGNATURE	
	Jo	hn H. Bast,	Jr.	112 N. M	ain St.	Boonst	oro, M	DAR UL -	1 106	o yellar	les fred	pt.

WIP DEPUBLISHED



11	1	MARTIAND STATE DEPARTMENT OF HEALTH
4		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
and death.		CEASED NAME First Middle Lost JUNE Month 29 Doy 1968 8A M
s after the furnisher results after results	3. SI	FEMALE WHITE 8/1/1903 TO THE WHITE ONLY HOURS MIN.
d bour	coğ	IRTHPLACE (State or fore gp 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WASHINGTON Md
within , within within		TY OR TOWN OF DEATH HAGERSTOWN 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital HAGERSTOWN 120. USUAL OCCUPATION (Kind of work done during BEGISTER) or NOTE INDUSTRY HOME 120. USUAL OCCUPATION (Kind of work done during BEGISTER) or NOTE INDUSTRY HOME
se executed within ond completely finemave carbon in ony event, with		USJAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIGE CITY UM 15? SYMARYLAND 13b COUNTWASHINGTON HAGERSTOVINES X NO 141 E. ANTIETAM ST.
be exe	14.	JOHN H. FAUVER IS. MOTHER'S MAIDEN NAME First LAURA C. BRAKE Lost
rificate b hysicion n pleose val, and i	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? On or unknown) (If yes give wor or dates of service) 2/3-24-75-9 MISS ETHEL G. FAUVER MD.
The low requires that the death certificate be executed within 24 bours oftending physicion. has been signed by the oftending physicion and completely filled are so so the buriol-transit permit. Then please remaye carbon papers, the prior to buriol, crematian, or remayal, and in any event, within 72 hours		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove inset to immediate couse (o), storting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
The low rottending bus been se os the th prior to	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO PART OF OPERATION 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN: le hospital or his certificate stacked for u Dept. of Heol	MEDICAL CER	21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 19
	W	21d INJURY OCCURRED While Not white of two
R ATTEND retoined rectors: A 3 should with the 9		causes stated abays (I) (we) (did) (did nat) view the bady after death. 22b SIGNATURE ATTENDING MED STAFF 22c. DATE SIGNED
TO HOSPITAL OR ATTENDING Poge 4 may be retained by the Commental DIRECTOR: After 1 director, page 3 should be d should be filed with the State		22d. PHYSICIAN'S A. M. RIED 22e, ADDRESS E. Controlum St flageastown
TO HOSPITAL Poge 4 moy TO FUNERAL I director, pog should be fil	230.	BURIA_ (REMATION, 7/2/68 23c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEM. 23d. OCATION (City of Town) (Color) (Stote) 1/2/68 1/2/
GOVERN 1/08	24	FUNERAL DIRECTOR. ADDRESS ADDRESS DATE JUL - 3 1988 ADDRESS ADDRESS DATE JUL - 3 1988



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 20 1 12 13 CERTIFICATE OF DEATH DECEASED NAME First Lost 2g, DATE OF DEATH 2b. HOUR (Type or pnnt) June Eva 8:00Am Ford 6. AGE (In years last bythday) 4. RACE S. DATE OF BIRTH 3. SEX IF UNDER 24 HRS. HOURS requires that the deoth certificate be executed within 24 hours aft Oct. 12, 1877 Female White 7b CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Boonsboro, Md. U. S. A. Washington WIDOWED | DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 2 Page 4 may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within a should be filed with the State Dept. 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address) Convalescent Home during most of working life, even if retired.) INDUSTRY Own Home Hagerstown 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c. CITY OR TOWN 134. INSIDE CITY LIMITS? I3e. STREET AND NUMBER odmission) STATE Mary Land 13b COUNTY Washington YES NO 24 Potomac St. Boonsboro IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Last First Middie Brish Joshua Ford Mary 16b. SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no. of unknown? (If yes give war or dates of service) Booksboro Md. Yes, no, or unknown) 220-30-7612 Miss Elizabeth Wheeler. 24 Potomac St. 18 CAUSE OF DEATH (Enter only one cause per time for (g), (b), and (c))
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (g) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) years, rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO Q 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 220. I certify that (I) (this haspital) attended the deceosed from 1-10-, 1965, to 6-30-, 1968, that (I) (we) last saw the deceased alive on 1968, ond that in (my) (our) opinion deoth occurred on the dote and hour and from the causes stated above, (I) (we) (did) (did nat) view the body after deoth. 22c. DATE SIGNED 226 SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S NAME (Type) Joseph Secondari, M.D. Main St., Boonsboro, M. .. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (County) (State) 23a BURIAL, CREMATION, REMOVAL (Specify) 7- 2- 68 Boonsboro Cemetery Boonsboro, Wash. Co., Md. ADDRESS 2Sa REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) John H. Bast, Jr. 112 N. Main St. Boonsboro, Mibatu 30M REV 1/68

MAKTLAND STATE DEPAKTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle last 2o. DATE OF DEATH 2b. HOUR ve carban papers. Pages 1 and 2 event, within 72 hours after death. requires that the death certificate be executed within 24 haurs after death (Type or print) Manth O Day 7 968 ear Jime Charles Weslev Foster 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years IF HADER 1 YEAR IF UNDER 24/HRS 1/17/96 White last birthday) ZYAG HOURS Male YRS 7o BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED (quntry) WASHINGTON WIDOWED [DIVORCED 53 Ohio USA and campletely filled temove carban pape 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of work no life, even if retired.) INDUSTRY HAGERSTOWN WESTERN MD. STATE HOSPITAL restaurant employee 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY Frederick 1000L West 7th St. YES TX NO C Frederick 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle First Charlotte Francis Foster Kaderly 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes no, or unknown) (If yes give war or dates of service) Mr. Charles W. Foster. Jr. Frederick. Md. 221-07-6626 burial, crematian, ar remayal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gave ! rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? TesTrockanterie Fractice o CAUSES OF DEATH? NO [21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased from 11916, 25, 1967, to further sow the deceased alive on fine 1968, and that in (my) (our) apinion death accurred _19 6 %, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above, (I) (we)(did) (did not) view the body after death. 22b. SIGNATURE 22c DAJE7SIGNED ATTENDING PHYS MED DIRECTOR Eun eula Hipoker PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Fe U. Porciuncula, M.D. Western Md. State Hosp., Hagerstown, Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 230 BURIAL, CREMATION 23b. DATE (Caunty) (State) REMOVAL (Specify) 28%. REGISTRAR S SIGNATURE 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1968 30M REV 1/68



6/13/68

Last BUCK APPROX.MATE INTERVA. BETWEEDWONSET AND DEATH Conditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE O stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES | 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of mjury in Part 1 or Part 2, Item 18) PR-MARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R F D No. City or Town County State factory, affice building, etc.) WHITE NOT WHILE T 22a I certify that I took charge of the remains described above, held an Autopsy Inspection \ Inquiry and in my opinian death resulted fram: Natural causes Accident | Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY BURIA, CREMATION. 23d LOCATION (City or Town (County)

SPRING HILL CEMETERY

HAGERSTOWN MARYLAND

TYNCHBURG

CAMPRELL

25b. PERSONAL SENAT

2b HOUR

2d HOUR

VR A15ME (5) TOM REV. 1/68 24 ELINERAL DIRECTOR

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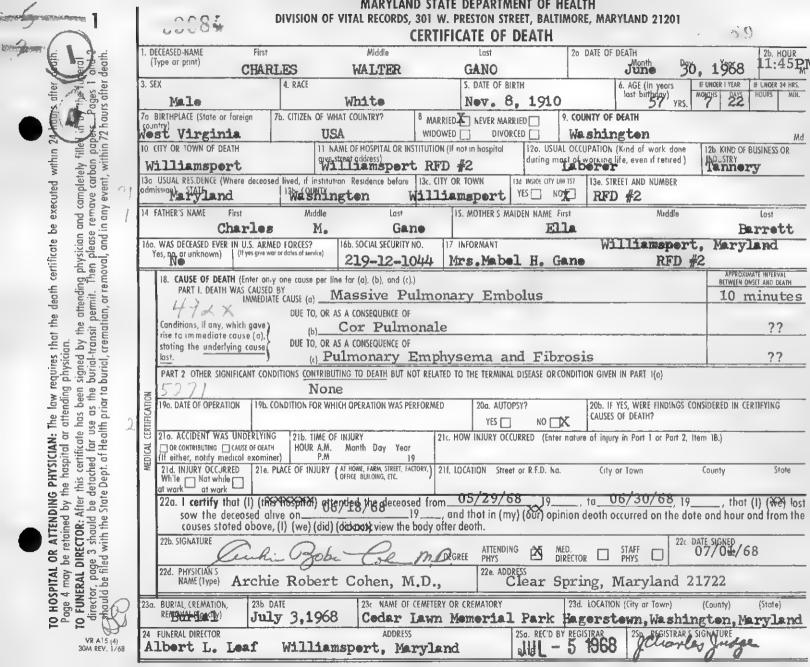
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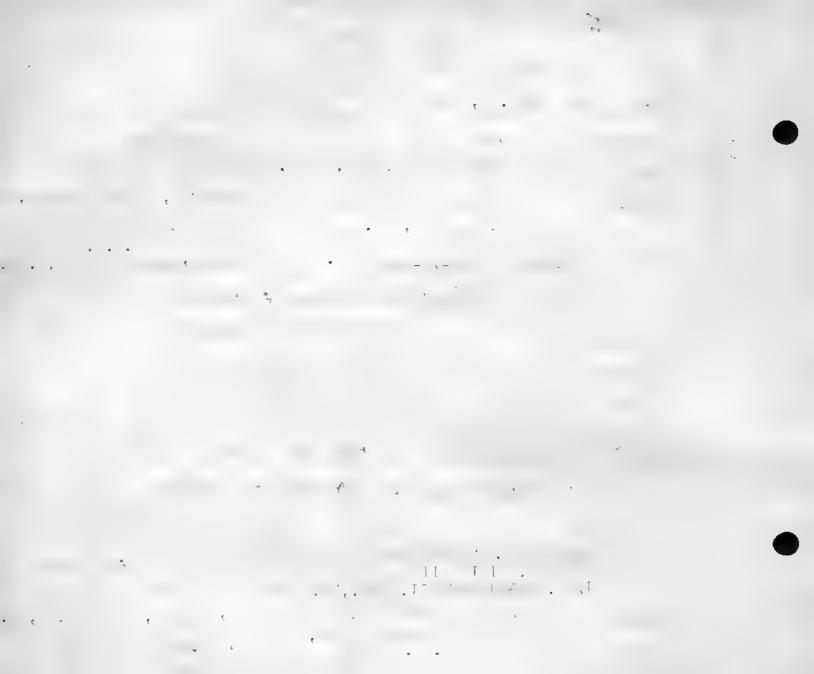
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X I I	MARYLAND STATE DEPARTMENT OF HEALTH	
3 500 576	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 200
HEALTH DEPT.	(Type or Print) OF ESTI-	Day Year 2b. HOUR
dy 1s 3 ta Poge ent of	ROGER DEB GIFF IN DEATH MATED & G	15 1968 12 TM
ony delay	Gast Buthology Months DAYS HOURS MIN	Year 2d HOUR
ny del 2, and PM3. artme		1965+272-M
Dep 1	7a. BIRTHPLACE (Stota-or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7. COUNTY OF DEATH VIDOWED DIVORCED VIDOWED VIDO	
form form	Maryland USA — Washington	Md. 126 KIND OF BUSINESS OR
death with	Dargan (Rural) · DOA washington Co. Hosp. during most of warking lie even if retired)	Construction
	13d. USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d IMSIDE CITY LIMITS? 13e STREET AND NUMBER	Constructio
after along along death.	admiss an) STATE 13b COUNTY YES NO DE TREET 1	ers Ferry.WV
hours Item 1 Iffice 1 and 2	Maryland Washington Antietam 15 Mother's Maide Name First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Last
	Ellsworth Robert Giffin, SR. Leda Constance Saylor	V421
hin 24 nul in mer's pages haurs	16d WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS R.F.	.D.# 1
	(Yes, nd, dr unknawn) (II yes give wor or dottes of service) None 236-72-0663 Mrs. Jo Ann Giffin, Harpers	Ferry W. Va.
be exmruted with permitting in permitting in permitting in permit mainting in permit. File event within 72	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
shauld be exmruted to word "pemding" in a the Chief Mmdiral Eburial-transit permit. Fin any event within	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Skull Fracture & Massive	
Amandi Amanda A Amanda A A A A A A A A A A A A A A A A A A A	DUE TO, OR AS A CONSEQUENCE OF	
ansi eve	(anditions, itany, which gave rise to immediate cause (o). (b) Brain Stem Lujury	20 Mui
auld vord ne Cll al-tro	stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	
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certificate shauld writing the word inwording to the Clivacidate to the Clivacidate of th	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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is certificate, write farward be used on the remayal,	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2. Item	20 AUTOPSY?
	216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Epiter nature of injury in Part 1 or Part 2, Itel	YES NO NO
= 200	PRIMARY FOR CONTRIBUTING 12 HOUSE AM 6- L5 19 68 Parto Accident	ni 10)
the cert the cert 4 shouls or files. e 3 shau mation,	2 Id INTURY OCCUPED 21e PLACE OF INTURY (At home form street 2.5 IOCATION Street of P.E.D. No.	County State
XALINER: the the certifie the should your files. age 3 shaul cremation,	factory affice hulding atc.)	ash Hd
≦ 5 g/ ~ ~		and in my apınıan
₹ 6 2 1 2 5	deoth resulted from: Notural causes, Accident, Suicide, Homicide, Undetermined manner [
d Sec	CHIEF MEDICAL EXAMINER	_
y, plear of the retroit of the retro	ACTUAL SIGNATURE CHURCH IN CONTROL SIGNATURE CAMINER 226. DATES	
	EXAMINER'S EDWARD W. DITTO III DEPUTY MEDICAL EXAMINER 6-	15-68
- 5 a E E S	NAME (Type) 217 W WARHINGTON ST. HAG MD ADDRESS(Street, city, town, or county)	
5 g f ~ 5 m	23g BURIAL, CREMATION, 23b DATE 23c, NAME OF CREMATORY 23d LOCATION (City or Town)	(County) (Stale)
20	Brial 6/17/68 Boonsboro Cemetery Boonsboro, Was	
VR A15ME (SI)	24. FUNERAL DIRECTOR Harpers Ferry, 250. REC'D BY REGISTRAR 256 REGISTRAR'S S DATE JURY 17 1968	Manager Manager
10M REV. 1/68	Clorace (ackley W. Va. 25425 DATE JUN 17 1968 your	July on



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	u5087	•	301 W. PRESTON STREET, BAL' ERTIFICATE OF DEATH	rimore, maryland 21201	08032
2 M	1. DECEASED NAME First	Middle	Lost	2g. DATE OF DEATH	2b, HOUR
\$ 5 to 5	(Type or print) John	William	Gladwell	Month Day	1968 A
fune 1 o		4 RACE	S DATE OF BIRTH	6 AGE (n years	IF UNDER 1 YEAR IN UNDER 24 HRS.
nours after by the fundamental by the fundamental bours after	Male	White	January 17.	lost birthdov)	MONTHS DAYS HOURS MIN
by by	70 BIRTHPLACE (State or foreign 7b	CIT-ZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
in 24 ha filled in popers. hin 72 ha	Harrisonburg Va	USA	WIDOWED DIVORCED	Washington	Md.
file file	10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120. USL	JAL OCCUPATION (Kind of work done nost of working life, even if getred)	12b, KIND OF BUSINESS OR INDUSTRY
tely rbon	Kagerstown	Washington (ouncy Mospetal I'd	comotive indineer	Railroad
completely filled in over corbon popers.	13o USUAL RESIDENCE (Where deceased admission) STATE	13h COUNTY	13c CITY OR TOWN 13d MSIDE CITY YES TECHNOLOGY	13e. STREET AND NUMBER 10 525 Guilford	A
moveriny e	14. FATHER S NAME FYST	Washington Last	IS. MOTHER'S MAIDEN NAME		Last
b≣ exe	Kama	M Gladwe		lua lipainia	Pittington
ate ician eas	160 WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b SOCIAL SECURITY N	17. INFORMANT	Address	ageratown Md.
ertificati physicii en plec ovol, or	Yes, ag ar unknown) (II yes give war or 1934-	30 216-14-	397 Mrs. J.W. Gladive	ell 525 Guilford	Hue.
ng F The	18. CAUSE OF DEATH (Enter only o		. 04	2	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ne deoth cei otte≡ing p permit. The ion, or remo	PART I DEATH WAS CAUSED BY IMMEDIATE		munat	Freunma	J Nay
that the death certifi an. by the otterling phy tronsit permit. Then cremation, or removo	Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCY OF	Prachu Ma	Mau MARe-	10 Ron
nat t I. y thi nsit	rise ta immediate couse (o), (DUE TO, OR AS A CONSEQUENCE OF	COCKOON CO	oftener or gr	10 Nay V.
uires th hysician gned by Jriol-tro	stating the underlying cause	(c) West	risin of (e)	ubral Cilley	77
law requires that the death certificate be executed within 24 hours after adding physician. been signed by the otterling physician mat completely filled in by the further buriol-transit permit. Then pleas remove corban papers. Pages I sar to bur.al, cremation, or removal, and smany event, within 72 hours after	PART 2. OTHER SIGNIFICANT CONDIT		OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	
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토하고 8존 /	199 DATY OF OPERATION 198 COM 219 ACCIDENT WAS UNDERLYING	21b TIME OF INJURY	ATTIMITY OF HIS ONLY		
IAN ral o ficot for for	S GR CONTRIBUTING CAUSE OF DEATH	HOUR AM Month Day Year		er nature of injury in Part 1 or Part 2, i	rem re.j
PHYSICIAN: he hospital or this certificate letoched for up Dept. of Heolt	(If either, notify medical examiner) 2 Id. INJURY OCCURRED 210 PLA	P.M. 19 CE OF INJURY (AT HOME, FARM, STREET FAC	TORY.) 21f ŁOCATION Street or RFD No	a. City or Town	County State
JING PHYS by the hos frer this ce be detoche Stote Dept.	While Nat while at wark at work	OFFICE BUILDING, ETC.		1 1/1 1	101
ING by the frer be d	22o. I certify that (1) (this h	ospital) attended the deceose	d from	6 0,00 me +/ 19	6 0, that (1) (we) last
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OR ATTENDING be retoined by t DIRECTOR: After ge 3 should be d led with the Stote	226 SIGNATURE	P. 00.		224. [DATE SIGNED >
y be r y be r I DIRE oge 3 filled w	A	Juany	DEGREE PHYS.	MED STAFF DIRECTOR PHYS.	6/4 8//2 F
TAI MOY Pog pog fill be fill	22d PHYSICIAN S NAME (Type)	D-OF 1	22e ADDRESS	1- 2. 4.	
TO HOSPITAL OF Poge 4 may be O FUNETAL DIR director, poge Should be filed		1620	CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	n Me.
Poge Short	DEMOVAL (Const.)		laven Cemeretu	23d LOCAT ON (City or Town) Hoaerstown-Was	(County) (State)
VR A15 (1)	24 FUNERAL DIRECTOR 4	ADDRESS	2So REC'D	BY REGISTRAR _ 25b. REGISTRAR 5	
30M REV. 1/68	Rest Haven Funeral	Chapel Hagers	town, Md. DATE UL	-1 1968 Jalian	la Judge

718-4-317

1 3/1 11 1/4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10033 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2g DATE OF DEATH and 2 death. (Type or print) June 27, 1988 William Windy Godlove on papers. Pages 1 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR white DAYS male July 22, 1899 in by t 7o BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Nebraska Washington USA WIDOWED . DIVORCED [filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) INDUSTRY during most of working ute, even if retired.) RFD 5 Hagerstown and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. Washington Hagerstown RFD 5 YES 🗀 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First James C. Godlove Mary A. Roach PHYSICIAN: The law requires that the death certificate to 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) burial, crematian, ar remaval, 05-12-2065 Katherine Godlove, Hagerstown, Md. 18. CAUSE OF DEATH (Enter only one cause over line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Canditions, if any, which gove t rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar ta has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [7] NO [Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING (AUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while of work TENDING 22a. I certify that (1) (this haspital) attended the deceased fram. . 19____. ta saw the deceased alive on_____ _, and that in (my) (our) apinion death accurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b, SIGNATUR 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN S 22e ADDRESS Arturo M. Reigo Washington, Hag., Md. 23a. BURIAL, CREMAT ON, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) PENOVAL (Specify) 6-30-68 Rest Haven Cemetery Hagerstown. 24_ EUNERAL DIRECTOR ADDRESS Minnich Funeral Home, Hagerstown, Md.



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		CERTIFICATE OF DEATH							
death death death		ECEASED NAME First Type or print) EDG	AR	M'ddle LEE (ROVE	20. DA	TE OF DEATH	y 68	2b. HOUR
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a a a a a a a a a a a a a a a a a a a	7o !		7b. CITIZEN OF WHAT COL		APRIL		TY OF DEATH		
24 ho d in the pers. 72 ho	cour	MARYLAND	U.S.A.	WIDO	RIED 🙀 NEVER MARRIE WED 🔲 DIVORCEI	D W	ASHINGTON		Md.
d within 24 letely filled carban pape nt, within 72		CITY OR TOWN OF DEATH AGERSTOWN		HOSPITAL OR INSTITUTION CO			ATION (Kind of work done king life, even if retired.)	126 KIND OF BU	SINESS OR ETZEL
camplet camplet ave carl y event,	13a adm	USUAL RESIDENCE (Where decease ission) STATE MD	lived, if institution: Rel 13b COUNTY WAS	HONGTOK I	Y OR TOWN 134		30 STREET AND NUMBER 755 W. WASH	INGTON	
and carrent	14, 1	FATHER'S NAME First DANIEL	Meddle G	ROCEE	1S. MOTHER'S MAID		Middle	STE	Lost
rtificate t physician en please oval, and	16a. Y	(es, no, or unknown) Ull yes give wo	ED FORCES? 16b. S6 r or dates of service) 218	OCIAL SECURITY NO 30 9629	17 INFORMANT	GROVE 7		AGERSTO	WN, MD.
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Age shauld be filed with the State Dept. of Heolih priar ta burial, crematian, ar removal, and in ony event, within 72 hours		18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIATE OF THE OFFICE OF THE OFFICE	BY: TE CAUSE (o) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO	ARZIO SE NISEQUENCE OF	ED TO THE TERMINAL D	AREASE OR CONDITION	GIVEN IN PART I(a)	APPROXIMATE BETWEEN ONSE	ET AND DEATH
The law re attending has been se as the Ith priar talk	CERTIFICATION	子より (19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPE	RATION WAS PERFORMED	20a. AUTOPSY		Ob. 1F YES, WERE FINDINGS (AUSES OF DEATH?	CONSIDER E D IN CERT	FIFYING
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the has this ce detache e Dept.	M	21d. INJURY OCCURRED 21e. I While Not while of work	PLACE OF INJURY (AT HOM OFFICE	E, FARM, STREET, FACTORY.) 2 BUILDING, ETC.	1f. LOCATION Street o		City ar Town	County	Stote
ined by Arter auld be the Stat		22a. I certify that (1) (this saw the deceased all causes stated above,	s hospital) ottended ive an Jean- (I) (we) (did) (did n	the deceosed from 19 7 ot) view the body a	, and that in (my) fter death.	, 19 <u>2f</u> , to (our) apinion de	oth occurred on the de	that (lote ond hour on	l) (we) last nd from the
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Heolth priar ta burial, crease.		22b. SIGNATURE CLASS PHYSICIAN'S NAME (Type)	Goods	Canda Localo	DEGREE ATTENDING PHYS 228. ADDRES	MED DIRECTOR	STAFF PHYS. C	DATE SIGNED	8
O HOSP Page 4 O FUNE director shauld	230	BUR AL, (REMATION, REMOVABSUFAL 6		23¢ NAME OF CEMETER		23d 10 W j l	OCATION (City or Town)	(Caunty) WASHING	(Stote) MD GTON
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR	Elmal t	ADDRESS		Sa. REC'D BY REGISTR		SIGNATURE	· -

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7 - 84 .		ECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
r dear	l (I	(Ype or print) ALVEY	ELWOOD	HANN	JUNE 24	1968 1:45 M
	3. SE		4 RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR OF JINDER 24 HRS. MONTHS DAYS HOURS MIN.
S and a second		MALE	WHITE	NOVEMBER	1, 1918 los 500 hdpy), YRS.	MINTERS BATS HOURS MIN.
		BIRTHPLACE (State or fore.gn)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
n 24 th	P	ENNSYLVANIA	U.S.A.	WIDOWED DIVORCED	WASHINGTON	Md.
夏/草莲 /	1	CITY OR TOWN OF DEATH	II NAME OF HOSPITAL OR IN: give street address)	during	SUAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
with		ANCOCK	PENNSYLVA d lived, if institution. Residence before	NIA AVE. I LA	ABORER	ORCHARD
complet nave cor	odm	MARYLAND	WASHINGTON	1	NO PENNA AVE.	EXT.
		FATHER'S NAME First	M ddle Last	IS. MOTHERS MAIDEN NAME		Lost
be exposed in an		NO.	T KNOWN		RGIL VANETTA	CLARK
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after retained by the haspital or attending physician. ECTOR: After this certificate has been signed by the attending physician and completely filled in because should be detached far use as the burial-transit permit. Then please remove caldon papers, Popper with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event, within 70 handler.		WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b SOCIAL SECURITY 220 - 09 - 7	NO 17 INFORMANT	283 Widress M	AIN STREET
physen p		YES W.W.		386 JAMES ELWOOD	HANN HANCOC	APPROXIMATE INTERVAL
ne death cer attending p permit. The		18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	ane cause per line for (a), (b), and (c).	Or all	· do · · · · ·	BETWEEN DISET AND DEATH
ne deatl attendi permit. ion, ar r			E CAUSE (a)	coronary	- Juisere	" mining
tion tion		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	0-	7	
nat the		rise to immediate couse (a), ((b) DUE TO, OR AS A CONSEQUENCE OF			
s tha ician. d by I-tran		stoting the underlying cause	(c)	,		
equires that the physician. signed by the burial-transit burial, cremat				OT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(a)	
ng p	_	1				
The faw ratending attending has been se as the th priar to	ATIO	190. DATE OF OPERATION 196 CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS	ONSIDERED IN CERTIFYING
AN: The faw r all or attending icate has been far use as the Health priar to	CERTIFICATION			YES NO	CAUSES OF DEATH?	
AN: l or cate ar u		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			iter nature of injury in Port 1 or Port 2,	Item 18.)
printing and the second and the seco	EDICAL	(If either, natify medical examine	er) P.M.	9		
G PHYSICIAN: the haspital or this certificate detached far u	2	21d INJURY OCCURRED 21e. P While Not while at wark of work	PLACE OF INJURY (AT HOME, FARM, STREET, FA	TDRY.) 21f. LOCATION Street or R F.D. I	No. City ar Tawn	County State
te Cell			handle Market Anna Anna	1 10 11 C 7 W 10	68 to See 14 2 419	6 8, that (I) (we) last
NDING id by t After d be d be	L	saw the deceased alt	bospital attended the decease	9 6 1. and that in (my) (aur) a	pinian death accurred an the de	ate and have and from the
ATTEN ATTEN etained CTOR: shauld vith the		causes stated abave,	(I) (we) (did) (did not) view the	bady after death.		
OR ATTENDING PHYSICIAN: The flaw requires the be retained by the haspital or attending physician. DIRECTOR: After this certificate has been signed by pe 3 should be detached far use as the burial-traited with the State Dept. af Health priar to burial, creed with the State Dept.	1	22b. SIGNATURE	Stoken	DEGREE PHYS	MED. STAFF	DATE SIGNED
		22d. PHYSICIAN'S	ARUT DEE	220 ADDRESS	DIRECTOR L PHYS. L	C/RU/C/
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld should be filed with the		NAME (Type)	MISHAFFE	= K j	HAMCOCK	140.
O HOSPII Page 4 m O FUNER director,	230.	. BURIAL, CREMATION, 23b. Da	ATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
2225			26/68 ST.THO	MÁS EPISCOPAL	HANCOCK, WASH	
VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR	ADDRESS	2So. REC'D	BY REGISTRAR 2Sb. REGISTRAR	SSIGNATURE CINCLE
30M REV 1/68		Echand J. X	hove HANGO	CK. MD. DATE J	UN 2 8 1968 gcu	ares judge

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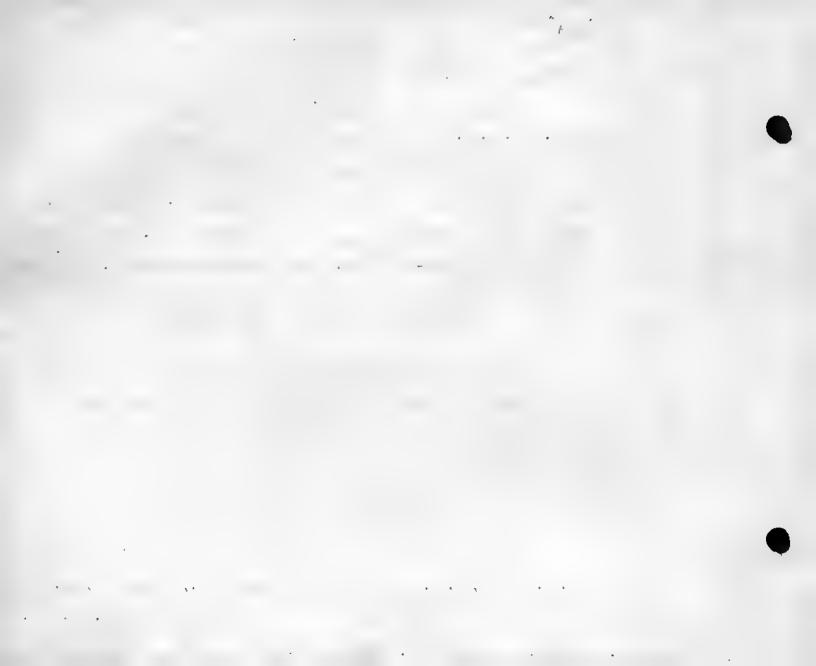
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH villed in by the funeral pages. Pages I and 2 thin 72 haurs after death. 1 DECEASED-NAME M.ddle lost 2a. DATE OF DEATH First 2b HOUR The law requires that the death certificate be executed within 24 haurs after death (Type or pont) Month Arthur Harbaugh Cleo June 4. RACE 5. DATE OF BIRTH 6. AGE (In years 3. SEX last birthday) ZHTHOM DAYS HOURS white male 12-26-1900 YRS To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED X NEVER MARRIED country) USA DIVORCED [Washington WIDOWED | Maryland 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired)
Pharmacist INDUSTRY completely nate carban burial-transit permit. Then please remale earban, burial, cremation, ar remaval, and in any event, and Hagerstown Wash. County Hospital Drug Store 13g USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LUALITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY YES NO F Wash. Hagerstown 872 Mulberry, Ave. Md. rema 14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle pup R. Harbaugh Emma Brown Harry 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 214-09-2347 Mrs. Edna Harbaugh Hagerstown, Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) 3 675 DIJERGE Arterioscierotic Heart 3 m 0 signed by the burial-transit Conditions, if ony, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? CAUSES OF DEATH? YES [NO | 21a ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) ATTENDING PHYSICIAN: HOUR A.M. OR CONTRIBLTING CAUSE OF DEATH Month Day Year (If either, natify medical exominer) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f EOCATION Street of R.F.D. No. City or Town County State While Not while of work 22a I certify that (1) (this hospital) attended the deceased from a v 13th. 1962, to June 14, 1967, that (1) (we) last saw the deceased alive an June 14 1965, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did-net) view the bady after death. 22b. SIGNATURE **ATTENDING** STAFF PHYS. DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S A 22e ADDRESS servet own 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (County) (State) 23a. BUR-AL CREMATION. Burial 6-15-68 Rose Hill Cemetery Hagerstown, MD 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wharles DATE JUN 17 30M REV Minnich Funeral Home Hagerstown, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last L. DECEASED NAME Middle 20 DATE OF DEATH 2b. HOUR Month 3, (Type ar print) Daisv Catherine Hartle June requires that the death certificate be executed within 24 haurs after deat B:00Pm 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (in years IF UNDER 24 HRS. and campletely filled in by the lost birthday) HOURS puriai-transit permit. Then please remave carban papers. Pages burial, crematian, ar remaval, and in any event, within 72 haurs aft Female White Dec. 31, 1891 9. COUNTY OF DEATH 7o, BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED T couptry) Hagerstown, Md. U. S. A. WIDOWED [DIVORCED [Washington 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 10 CITY OR TOWN OF DEATH 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address williamsport Sanitarium Nursing during most of working life, even if retired.) attending physician and campletely f permit. Then please remave carban Williamsport 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER ddmission) SIATE Maryland Hagerstown 232 E. Washington St. 14. FATHER S NAME 15. MOTHER'S MAIDEN NAME First First M.ddle Lost Hartle Barry Showe Margaret 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Md. Yes, no, or unknown) (If yes give wer or dates of service) 215-26-2261 Mr. Hagerstown 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART , DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if only, which gave: rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital ar attending physician. stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital TO FUNERAL DIRECTOR: After this certifica director, page 3 shauld be detached far shauld be filed with the State Dept. af He OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while of work 220. I certify that (1) (this haspital) attended the deceased from May 8, 1968, to ______, 19_____, that (1) (we) last saw the deceased alve on May 8, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE ATTENDING PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S NAME (Type) 22e, ADDRESS 580 Northern Ave., Hagerstown, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 230 BUR AL, CREMATION 23b DATE TREMOVAL (Specify) Tilghmanton, Wash. Co., Md. 6- 6- 68 Manor Cemetery ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 John H. Bast, Jr. 112 N. Main St. Boonsboro, Malante 30M REV 1/68

MAKYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Catherine 20. DATE OF DEATH Hazel Hastings 2b. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) Month :30AM Julie 3 XX Female 4. RACE 6. AGE (In years IF LANDER 1 YEAR IF JNDER 24 NRS White last birthday) MON BHS DAYS signed by the attending physician and completely filled in by the burial-transit permit. Then please remove carban papers. Pagel burial, crematian, or removal, and in any event, within 72 haurs at 76. CITIZEN OF WHAT COUNTRY? U.S.A. COUNTY OF DEATH WASHINGTON 7a. BIRTHPLACE (State or foreign 8. MARRIED TO NEVER MARRIED countMaryland WIDOWED [DIVORCED [] 12a LSUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR HAGERSTOWN during mestof working hie even if retired) Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN admission) STATE Maryland 13b. COUNTY Washington Hagerstown 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Avenue IS MOTHERS MAIDEN NAME digior getta. 14. FATHER'S NAME M'ddle Mellotte Middle Long Albert 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, ng, or unknown) (If yes give war or dates of service) None David E. Hastings 14 Snyder Ave. Hagerstown, Md, APPROX MATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY days IMMED.ATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (and tions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse! d unal PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept of Health priar tal 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? YES 🖂 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at wark 22a I certify that (I) (this haspital) attended the deceased from sput 1, 1908, to fine 5, 1968, that (I) (we) last sow the deceased olive on final 5 1968, ord that in (my) (our) opinion death occurred an the date and hour and from the Mune 5, 19 00, that (1) (we) last causes stoted above, (1) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS MED. DIRECTOR DEGREE 22d. PHYSICIAN S 22e. ADDRESS Fe U. Porciuncula, M.D. NAME (Type) 23g BURIAL, EREMAT ON, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) Near Clearspring, Md. Burial June 7.1968 St. Pau

4 FUNERAL DIRECTOR HAGERS LOWN Md. ADDRESS
Andrew K. Coffman Funeral Home St. Pauls Cemetery 250 RECD BY REGISTRAR 1968 25b. REGISTRAR'S SCHATURG VR A15 (4)\ 30M REV 1/68

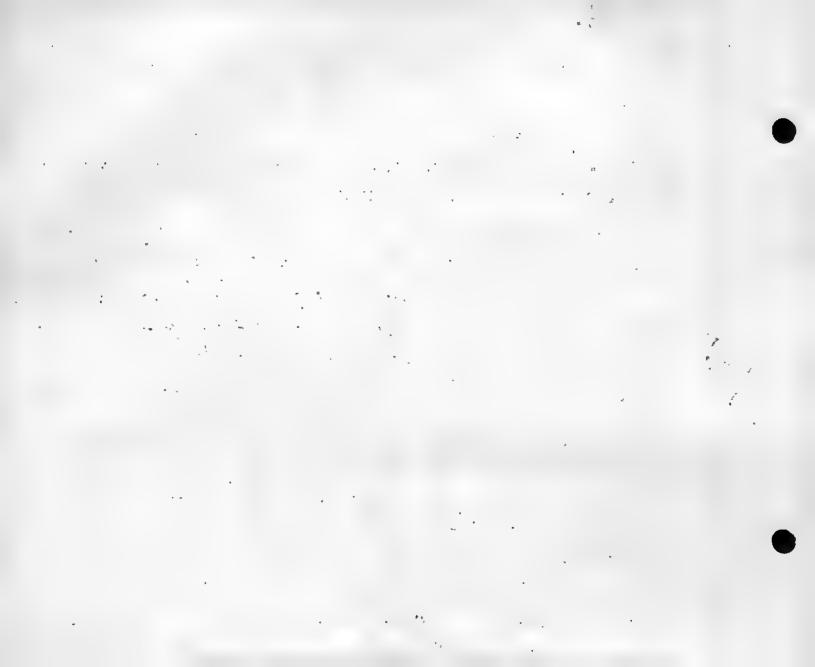
MAKYLAND STATE DEPAREMENT OF HEALTH

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MARYIAND STATE DEPARTMENT OF HEALTH

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_		STATE DEPARTMENT OF HEALTH	
	Item6, FilmG401 6/11/68km (F)	N. PRESTON STREET, BALTIMORE, RTIFICATE OF DEATH	MARYLAND 21201
Georgia.	1. DECEASED-NAME First Middle (Type or print) JAMES WILLIAM		ATE OF DEATH NE Month 4 Day 68 Year 3 PM
after of	3. SEX 4. RACE WHITE	S DATE OF BIRTH AUGUST 14, 1910	6 AGE (In years IF UNDER FYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
4 Nous after death I in by mediates ers. Hoge and geon	7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B.	MARRIED X NEVER MARRIED 9. COUNT	TY OF DEATH HINGTON Md.
cecuted within 24 campletely filled in oper carbon paper y event, within 72	YEARTA	OUNTY SHEET ME	ATION (Kind of work dane triking life, eyemit cetired) LTAL WORKER SANDBLAST MFG.
ample cample event			3e STREET AND NUMBER +25 CLARENDON AVE.
nu du ma	JOSEPH Middle Lost HEAD	IS. MOTHER'S MAIDEN NAME First ROSA	Middle Lost NELL BEARD
ificate t ysician please al, and	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) YES WW 2 16b. SOCIAL SECURITY NO 220-10-3085	17 INFORMANT MRS. BONNIE K HEAD	425 CLAMENDON AVE HAGERSTOWN. MD.
IDING PHYSICIAN: The law requires that the death certificate be executed within 24 depth has been signed by the attending physician and completely filled. The defacted far use as the burial-transit permit. Then please emay carban papers State Dept. of Health prior ta burial, crematian, ar remaval, and infany event, within 72 fate Dept. of Health prior ta burial.	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stoting the under-ying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT F PART 2. OTHER SIGNIFICANT CONDITION FOR WHISH OPERATION WAS PERFO 190 DATE OF OPERATION 19b. CONDITION FOR WHISH OPERATION WAS PERFO 21a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE DEF DEATH HOUR A M. Manth Day Year P.M. 19	YES K NO COURRED (Enter nature of	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING RECOURSES OF DEATH?
TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital TO FUNERAL DIRECTOR: After this certifica director, page 3 shauld be detached far shauld be filed with the State Dept. af He	While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased saw the deceased alive an acceptance of the same of the cayses stated above, (I) (w) (did (w) t) view the back of the company of	from 19 to 2 to 2 and that in (my) (aur) apinian de dy after death. DEGREE ATTENDING MED DIRECTOR 129 ADDRESS POTOMAC AV DETERY OR CREMATORY 23d LC VISTA CEMENTERY JOHN	STAFF 22c DATE SIGNED 6/5/68 TE., HAGERSTOWN, MD. DCATION (City or Town) (County) (State) NSON CITY, WASHINGTON, TENN.
VR A15 (4) 30M REV 1768	24 FUNERAL DIRECTOR. ADDRESS HAGERSTOWN.	2So REC'D BY REGISTE	1968 REGISTRAR'S SIGNATURE



				MARYLAND ST						
			DIVISION OF VIT.				ORE, MARYLAND	1201	6.20	-2
				CERT	IFICATE OF	DEATH			5 1 0	2
ei i		CEASED-NAME First		Middle	Lost		20 DATE OF DEATH			2b. HQUR
Jed J	(T	rpe or print) Mary	Eli	zabeth	Hill		June	24	1968	5:50 _{pM}
13	3. SE	(4. RACE		S. DATE OF I	BIRTH	6 AGE (In			NDER 24 HRS.
	E	emale	Colored		Nov	13 1919	last birth 4.8	day) M YRS, M	NONTHS DAYS HO	URS MIN.
ľ	70 B	RTHPLACE (State or foreign	7b. CITIZEN OF WHAT O		RRIED [X] NEVER MA		COUNTY OF DEATH			
	Coun	rlisle, Pa.	USA.			ORCED 🗍	Washingto	าท		Mid
ı	10. C	TY OR TOWN OF DEATH	11 NAME C	F HOSPITAL OR INSTITUTION	ON (If not in hospital	12o. USUAL	OCCUPATION (Kind of w	ork done	12b. KIND OF BUSI	NESS OR
	Ha	gerstown Md	give street Wash	ington Co	unty Ho	SO DO	of working life, even if DMESTIC	retired)	Privat	e fam
	130	USUAL RESIDENCE (Where deceose	d lived, if institution: f	lesidence before 13c. (ITY OR TOWN	13d INSIDE CITY LIM T	5? 13e. STREET AND N	UMBER		
	NI E	Tyrishd	va shingt	on #ag	gerstown	YES K NO] 669 F o:	rrest	Dr.	
Ī	14 F	ATHER'S NAME First	Middle	Lost	IS. MOTHER'S A	MAIDEN NAME First		M ddle		ost
		James	D	Ramsey		Anna	B		Dennis	
ı		WAS DECEASED EVER IN U.S. ARM		SOCIAL SECURITY NO	17 INFORMANT			Address		
L	T	s, no, or unknown) (If yes give wi	r or dates of service) 1	71-23-418	2 Calvir	n R. Hi	11 669 Fo	rrest		
ı		18. CAUSE OF DEATH (Enter onli	y one couse per line for	(o), (b), and (r).)					APPROXIMATE BETWEEN ONSET	
		PART 1. DEATH WAS CAUSED IMMEDIA	BY IE CAUSE (a) Met	astatic bra	ain tumor				Approx.	3 mo.
		1707	DUE TO, OR AS A	CONSEQUENCE OF						
- 1		Conditions, if ony, which gove	(b) Est	hesioneurol	lastoma				Eleven	yrs.
- 1		rise to immediate couse (a), (stating the underlying couse)	DUE TO, OR AS A	CONSEQUENCE OF						
		lost.	(c)							
- 1		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE TERMIN	IAL DISEASE OR COM	IDITION GIVEN IN PART 1	(o)		
	×	1,-1								
3	S	196. DATE OF OPERATION 196.	ONDITION FOR WHICH C	PERATION WAS PERFORM			20b IF YES, WERE CAUSES OF DEATH?		NSIDERED IN CERTII	YING
L	CERTIFICATION				YES				201	
-1		21 o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CALSE OF DEATH		JRY onth Day Yeor	21c. HOW INJURY O	CCURRED (Enter n	noture of injury in Port 1	or Port 2, Ite	em 18.)	
	MEDICAL	(If either, natify medical examin	er) P.M.	19		0.00.11				Ctt.
- 1	2	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT H	OME, FARM, STREET FACTORY.)	21f. LOCATION Str	eet or R.F.D. No.	City or Town		County	Stote
			1 2 1 - 0 - 1	1.0	Fahruar	TR 10.67	to lune 7/	106	R that (I)	famal famal
		22a. I certify that (I) (thi	s nospital Lattende ive on June	24, le deceased for	B. and that in (my) ##r) opini	an deoth accurred	on the dot	e and hour and	I from the
		causes stated above	(I) (We) (did) (did	মঙা) view the body	ofter death.	militarit obm				
		22b. SIGNATURE OO	1 5 V1	2.4- W.), ATTEND	DING THE MED). STAFF		ATE SIGNED	
		Nonall	C 1010	wo re	DEGREE PHYS	LA DIRI	ECTOR PHYS.		/25/68	
)	1	22d. PHYSICIAN'S NAME (Type) Donal			22e. Al		7 1 1			
Ĺ		Donal	d E. Marti				<u>eland Ave.</u>			
	23o	BURIAL, CREMATION, 23b. I		23c. NAME OF CEMET			23d. LOCATION (City or			Stote)
			<u> 28–1968 </u>	Rose Hi	ll Ceme	very	Hagerst	Own N	Id.	
1	24.	FUNERAL DIRECTOR	A	ADDRESS A	20.00	DATE UN	REGISTRAR 2Sb. 1	Clion	an Juda	L
1	-	Elma 1 Wo	lasse 9h.	Mogeration	JUN YRIX	DAIGUIT	J 1000		10	

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	1			STATE DEPARTMENT OF H		
		0000	DIVISION OF VITAL RECORDS, 3	•	MORE, MARYLAND 21201	32
		60004		RTIFICATE OF DEATH		
deoth.		ECEASED NAME First Type or print Type or print	Middle	Last	20 DATE OF DEATH Month Day	Year 2b. HOUR
		W11	liam Maxwel.		June 24	, 1968 8A-M
	3. 58		4. RACE	5. DATE OF BIRTH	6 AGE (in years last buthday)	F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	\vdash	male	white	9-26-1907	111-	
	1003	ntrv)		MAKKIED INCAEK MAKKIED	9. COUNTY OF DEATH	
	Ma	ryl≡nd (ITY OR TOWN OF DEATH	USA 11 NAME OF HOSPITAL OR INSTI	WIDOWED DIVORCED	Washington L OCCUPATION (Kind of work done	Tan Mula or a construction
			Give street address) Chur	during mo	est of working life, even if retired.) chboard Opera.	126 KIND OF BUSINESS OR INDUSTRY
		Hagerstown		3c. CITY OR TOWN 13d INSIDE CITY . A	chboard Opera. AIS? 13e STREET AND NUMBER	City, Gov.
	adm	ission) STATE Md.	13b COUNTY Wash.		□ 1515 W.Chur	ch,St.
	14	FATHER'S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME FI		Lost
	L	Charl	3		ssie Snyder	
	166	WAS DECEASED EVER IN U.S ARM	or or dotar of reserval		Address	
		(es, na, ar unknawn) (H yes gree wo	214-09-26	07 Mrs. Helen M	. Hungate Hage	rstown, Md.
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane cause per line far (o), (b), and (c)	1. 11	2 / 50	BETWEEN ONSET AND DEATH
		IMMEDIA	TE CAUSE (0)	" my reuning	farine	2-3 My
		Canditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	2 % to C	10-1000	
		nse to immediate couse (a).	(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	many co.	ary so	
		stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF			
			(c)	RELATED TO THE TERMINAL DISEASE OR &	ONDITION GIVEN IN PART HED	
		1 h unalie	heut dises	aprilet 1/2	non the	Myslow
	CERTIFICATION	190. DATE OF OPERATION 196. C	CONDITION FOR WHICH OPERATION WAS PERF	ORMED 20g. AUTOPSY?	20b /F YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
į	(E			YES NO	CAUSES OF DEATH?	
		21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, It	lem 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	ner) P.M. 19			
	ME	21d IN.JRY OCCURRED 21e.	PLACE OF INJURY (AT HOME FARM, STREET, FACTO	RY.) 21F LOCATION Street or R.F.D. No	City or Town	County State
		White Not while at wark at work		01500 6	7 Hite	
		22a. I certify that (I) (thi	s haspital attended the deceased	and that is (see) (see	to to 19	, that (I) (we) last
		saw the deceased all	(l) (we) (did) (did not) view the bo	idverter death	nian death accurred an the dat	e and naur and tram the
		22b SIGNATURE	11/61/	11 11 mo	22c. 0	DATE SIGNED
		/ Willer	X/ BI LATA	BEGREE PHYS DI	ED STAFF 24 J	Tune 68
		22/. PHYSICIAN S	1	22e. ADDRESS		
		NAME (Type) Richa			ac Ave., Hagersto	wn, Md.
	23a	BURIAL CREMATION, 236 C		METERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
1			-27-1968 Rose H	ill Cemetery	Hagerstown, Md	
)		FUNERAL DIRECTOR	ADDRESS	own, Md. DATIN 2		En Credge
		Minnich Funer	cal nome hagerst	OWII PICE DATE IN Z	1 1000	VA A



					ID STATE DEPARTMI				
11/1/1		1000	DIVISION O		301 W. PRESTON STR		DRE, MARYLAND 212	01	1 13
(1VI)		60.30			CERTIFICATE OF I	DEATH			- 2
± −2±		A)	First	Middle	Last	2	a. DATE OF DEATH	Day Year	26. HOUR
dea anc dea	(1	Ype or print) C	harles	Kendle	Keadle		June Month	Doy 1968 eor	6:30P M
fur s l	3 SE	X	4. RACE		S DATE OF BIR	RTH	6 AGE (In year	rs IF UNDER 1 YEAR MONTHS DAY	
the the age	L	Male	Whit		April	23, 190	O last birthday)	yrs. 1 14	S POURS MIN
haurs after death. In by the funeral Agges I and 2 Agus after death.	70. (IRTHPLACE (State or foreign	75. CITIZEN OF 1		8. MARRIED 📥 NEVER MARR	RIED 7. C	OUNTY OF DEATH		
74 h		apleville, M	d. U.S.			CED 🗀	Washington		Md.
u E		ITY OR TOWN OF DEATH		NAME OF HOSPITAL OR IN e street address}	STITUTION (If not in hospital	12a. USUAL O	CCUPATION (Kind of work	done 12b KIND	OF BUSINESS OR
ely (Bo	onsboro Rfd.	2, Md.			Cler	of warking life, even if ret K	Hardwa	re
ed plet car	13a	USUAL RESIDENCE (Where d	eceosed lived, if instit	ution: Residence before		13d. INSIDE CITY LIMITS?	1	ER	
da d	Com	Maryland	Was	shington	Boonsboro	YES NO	Rfd. 2		
an)	14	ATHER S NAME First	Middle	Last	IS. MOTHER'S MA		Mid		Last
n a se r		Jame		Keadl		Ros		Nunama	ker
law requires that the death certificate be executed within nding physician. been signed by the attending physician and campletely full is the burial-transit permit. Then please remave carban point to burial, crematian, ar removal, and in any event, within iar to burial, crematian, ar removal,	160 Y	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURITY			Add		
phys en en		es no, or unknown) (If ye		214-09-13	866 Mrs. Paul	ine Kea	dle, Rfd. 2,	Boonsbor	O. Md.
ng l		IB. CAUSE OF DEATH (Ent	er anly one cause per	line for (a) , (b) , and (c)	1) 1. 1	01	7	BETWEE	N ONSEL AND DEATH
eath andi		PART I. DEATH WAS C	MEDIATE CAUSE (a)	Myos	cardeal	Xxx	erelsen	ne	meles
atte atte perr		y.E		R AS A CONSEQUENCE OF	. 0 /-	4	4 1	12	00
the nat		Canditions, if any, which a	(0) (5)	Orter	wolleroft	e pl	an allo	rein	diff.
than than than than than than train		stating the underlying co		R AS A CONSEQUENCE OF					V
ires /sici ned ial-l ial-l		last.	(c)						
sign bur		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRI	BUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL	DISEASE ORCONE	DITION GIVEN IN PART I(a)		
The law requires th attending physician has been signed by se as the burial-tra h priar ta burial, cre	S	4)11					Tool is use wree sing	THE CONCLUSION IN	A CENTIFICATION
e la tend tend is b as as	1	19a. DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION WAS P			20b. IF YES, WERE FIND CAUSES OF DEATH?	INGS CONSIDERED IN	CERTIFYING
DING PHYSICIAN: The law reby the haspital ar attending Affer this certificate has been be detached far use as the State Dept. af Health priar ta	CERTIFICATION	Di ACCIDENT MAS MURS	alvino lau sur	05.00	¥65 □			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TENDING PHYSICIAN: ined by the haspital ar DR: After this certificate auld be detached far ut the State Dept. af Heal		21a ACCIDENT WAS UNDE	HOUR A.N			<u> (Enter na</u>	ture of injury in Part 1 or f	art 2, Item IB.)	
SICE spire ed ted of	MEDICAL	(If either, notify medical e	xaminer) P.A		9				Pa sa
HY ha sch ach eept	2	21d. INJURY OCCURRED While Not while	21e. PLACE OF INJUR	OFFICE BUILDING FIC	ACTORY,) 21f LOCATION Street	or K.F.D. No	City or Town	County	State
를 하는 다른 등 다른		at wark at work	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1.5	10.6%	to death))) +b	at (i) (we) last
DIN by be Sto	П	saw the decease) (this haspital) a	Mended the deceas	red from 190 \(\frac{\pi}{\pi}\), and that in (my	v) (adf) aninia	n death accurred an t	he date and ha	ar (1) (we) last
TEN ned the	L	causes stated a	bave, (1) (we)=(46)	() (did nat) view the	bady after death.)) (sper) aprilia	in bodin accorded an i	ine delle dile ilet	i did i dili iiic
OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certifice e 3 shauld be detached fai ed with the State Dept. af H	П	22b. SIGNATUR ţ	4	1 00	STICHOLA	C 4 MED	STAFF	22c DATE SIGNED	
OR re 3	L	Colve	1.	Coad &	DEGREE PHYS	IG MED.	TOR STAFF	6-9	-68.
AL Day bagg		22d. PHYSICIAN'S	01	7411	22e. ADDI	RESS L		71	1 al 1
SPIT 4 m d bg		NAME (Type)	JOBPI	17/10	Cale	/ rat	Elrotow	n , 11	
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	23a	BURIAL CREMATION	23b. DATE		CEMETERY OR CREMATORY		3d LOCATION (City or Town		(State)
5 5 5 W	\	EREMOXAL (Specify)	6- 10- 68		boro Cemetery		Boonsboro,	Wash. Co	., Md.
VR A15 (4) 30M REV 1/68		FUNERAL DIRECTOR		ADDRES		2Sa. REC'D BY R		STRAR S SIGNATURE	
30M REV 1/68-	J	ohn H. Bast.	Jr. 112 1	V. Main St.	Boonsboro M	DATE JUN	1 2 1968 6	Mlan. 1.	n .

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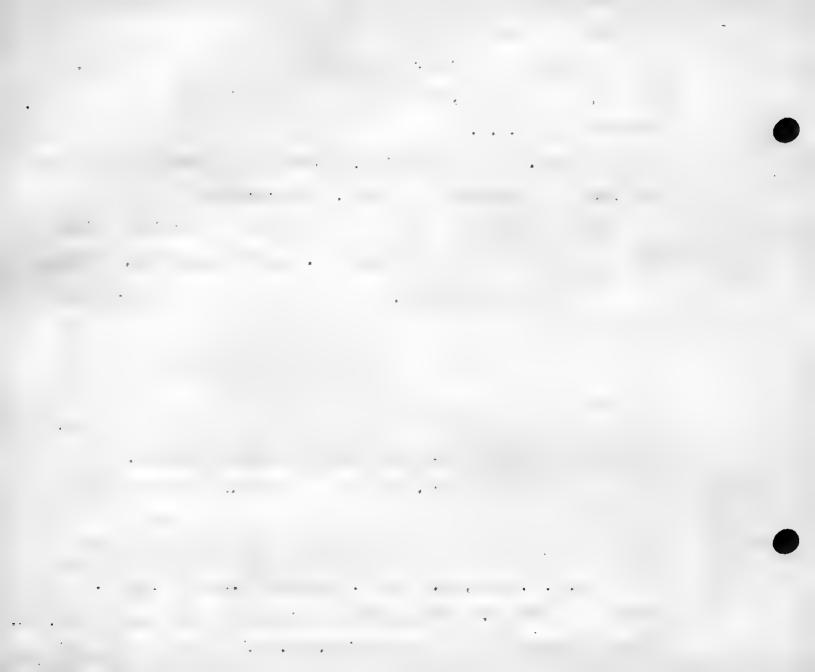
		ecqq	DIVISION OF VI		101 W. PRESTON STREET, BALT ERTIFICATE OF DEATH	IMORE, MARYLAND 21	1201	J d
ŀ) DE	CEASED NAME First		Middle	Lost	20 DATE OF DEATH		2b. HOUR
1		pe or print)	x Daisy	D.	Keller	n Month	134 1488	4 P.M
-	3. SE		4. RACE	J.	S DATE OF BIRTH	6. AGE (In y		# JNDER 24 HRS.
	J. 3E	Gemale	Wh		February 23,	1889 last birthoo	yrs. Months Days	HOURS MIN
I	70 B	RTHPLACE (State or foreign	76 CITIZEN OF WHAT		8 MARRIED MEVER MARRIED	9 COUNTY OF DEATH		
I	Cogn 1	ederick, Ad.	United Si	tates	WIDOWED DIVORCED	U	Vashington	Md.
		TY OR TOWN OF DEATH	II. NAME	OF HOSPITAL OR INST	ITUTION (If not in hospital during m	AL OCCUPATION (Kind of wor	k done 126 KIND OF B	USINESS OR
1	Wa	lliamsport, Mo	- Idome	ewood Chu	rch gome, ync.	1	nousewite	
		JSUAL RESIDENCE (Where deceas isian) STATE Maryland	13b. COUNTY	Frederick		. MITS? 13e. STREET AND NU!	NBER NONE	
I	14. F	ATHER S NAME First	Middle	Lost	15 MOTHER'S MAIDEN NAME		Middle	Last
		Silas	A.	Thoma	s Kathe	erine (Con	rad
I	16a.	WAS DECEASED EVER IN U.S. ARN is, no, of unknown) (If yes give w	favorance has natish no no	b SOCIAL SECURITY NO			dirginia Hi	
ı		No		219-54-08	55 marke W	agreez, we	lliansport,	
İ		18. CAUSE OF DEATH (Enter on	y one cause per line !	or-(p), (b), and (c).)		//	BETWEEN ON	ATÉ INTERVAL SET AND DEATH
1		PART I DEATH WAS CAUSED IMMEDIA	TE CAUSE (a)	peur.	Califed (Les	Vincount	0221 6	2200.
1		1691	DUE TO, OR AS A	CONSEQUENCE OF	**A			
ı		Conditions, if any, which gave anse to immediate cause (a),	(b)	<u> </u>	A 01 -13-10	educatin	11667 /-	Lyne are
1		stating the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF	t			/
-		last	(c)					
1		PART 2. OTHER SIGNATION	DITIONS CONTRIBUTING	G TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(o)	
ŀ	CERTIFICATION	19g. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERF	FORMED 20g. AUTOPSY?	20h IF YES WERE FI	NDINGS CONSIDERED IN CE	RTIFYING
5	IFICA	The same of the sa		gi Emilian Triva i En-	YES NO I	CAUSES OF DEATHS		
,	CERT	230 ACCIDENT WAS UNDERLYIN	G 216 TIME OF IN	JURY	21¢ HOW INJURY OCCURRED (Ent	-	r Port 2, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. A	Manth Day Year		. ,	•	
	WED	21d INDIRY OCCURRED 21e	PLACE OF INJURY (AT	HOME FARM, STREET, FACTO FICE BUILDING, ETC.	(IRY.) 21f. LOCATION Street or R.F.D. No	c. City or Town	County	State
		While Not while at work	(06	PHLE BUILDING, ETC.	1			
1			is haspital) attend	led the deceased	from 1924 (my) (our) ap	os, to 6-/3	, 19 <u>~&</u> , that	(I) (we) last
		saw the deceased a	live an	19	and that in (my) (our) ap	inian death accurred an	the date and havr a	nd fram the
		causes stated abave 22b. SIGNATURE	(I) (We) (did) (di	a nat) view the b	day atter death.		22c DATE SIGNED	
		ZZD. SIGNATUKE	1.1 4	7222dd	DEGREE PHYS	MED STAFF DIRECTOR PHYS.	614-6	C
		22d. PHYSICIAN'S	1 / 12	25 5- 47	22e. ADDRESS	DIRECTOR - PHIS. C	1 6 7 7 6	/)
			ert P. Coi	nrad, M.D		shington St.,	Hagerstown,	Mid.
	23g.	BURIAL CREMATION. 236.			EMETERY OR CREMATORY	23d LOCATION (City or To		(State)
		PEMOVAL (Specify)	/15/68	Paform	ed Cemeters	Middlebown		Md.
					ed Cemetery	BY REGISTRAR 256. REG JN 18 1968	GISTRAR S SIGNATURE	dat.
I	in	adhill Annera	Home Mi	daletown.	Maryland DATE J	THE POOL	The same of	0

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35 Noon MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE ALTH DEPT. 1 DECEASED NAME M dále 2a DATE KNOWN Month Year (Type or Print) David King OF ESTI-DEATH MATED June Luther 22, 19 I and 2 with the State Department af 4 RACE IF JNDER YEAR IF UNDER 24 HRS 3 SEX S DATE OF BIRTH 6 AGE IL YOURS 2c DATE PRONOUNCED DEAD 28 rthday) Male Whi to April 15,40 Tirring 2 20gy Year ,68 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTY Maryland U.S.A. DIVORCED Washington WIDOWED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Washington County Toners Masion Masonry Hagerstown Md. 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER 130 USUAL RES DENCE (Where deceased lived, if institution Residence before 13c. CTY OR TOWN 13b Washington Wary I and RFD 2. Williamsport 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle Harry Luther King Dorothy Louise Reed Examine 166 SOCIAL SECURITY NO. 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** (Yes no, at unknown) 219-36-3346 Mrs. Gloria King RFD2. Williamsport event within 72 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), ond (c))
PART I, DEATH WAS CAUSED BY. BETWEEN DASET AND DEATH permit. Few minutes 'MAMEDIATE CAUSE (a) Drowning. DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave ase to immediate couse (o), writing the word should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate 19a DATE OF OPERATION 19b. COND T ON FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 💂 NO 🗀 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of mility in Port 1 or Port 2, Item 18) 3 should PRIMARY CONTRIBUTING PM6-22- 19 68 Fell from boat while fishing.
2H LOCATION Street or R F D. No City of Town CALISE OF DEATH 21e PLACE OF INJURY (At home, form, street, County State WHILE AT WORK AT WORK AT WORK I Little Pool. 3 mi. East of Hancock. Washington. Maryland 22a. I certify that I taak charge of the remains described above, held an Autopsy 🗶, inspection 🗍, linguity 🗍, and in my apinion Natural causes . Accident x Suicide . Hamicide . Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE June 21, 1968 DEPLTY MEDICAL EXAMINER TO NAME (Type) 215 W. Washing ton' Stiown Hagerstown, Md. . W. Ditto, Jr. the 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION June 25,68 Cedar Lawn Memorial Park Hagerstown Wosh, Md. Clear Spring, MadUN 27 1968 Thompson Funeral Home

MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First Middle Last 2g. DATE OF DEATH I. DECEASED-NAME 2b. HOUR deoth. death (Type or print) Month William Edward King, Jr. June 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX IF UNDER T YEAR last hirthday) MONTHS I DAYS HOURS Male August 18.1927 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED Hagerstown Md. DIVORCED X Washington burial, cremation, or removol, and in any event, within 72 WIDOWED [TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) 405 Ridge Ave. during post of working life, even if retired.) Shoe Mta. Hagerstown 13c CITY OR TOWN 13a USUA, RES DENCE (Where deceased lived, if institution, Residence before 38 STREET AND NUMBER odmission) STATE Maryland 405 Ridge Ave. YES ITC Hagerstown 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last Bisher Edward Louise Address Hagerstown, Md. 405 Ridge Ave. 66. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no er unknown) (If yes give war or dates of service) 220-16-3045 Mrs. Mary Jane APPROXIMATE INTERVA IB. CAUSE OF DEATH (Enter only one cause per line for (p) (b), and (c))
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Canditions, if any, which gave) this certificate has been signed by the letached for use as the burial-transit stating the underlying cause PART 2 OPTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to 20b IF YES, WERE FANDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [NO 👽 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 181 HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Doy Year P.M. (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 23f. LOCATION Street or R.E.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while 220. I certify that (I) (this hospital) attended the deceased from 1/10 , 19 68 , to 6/14/68 , 19 68 , that (I) (we) last saw the deceased olive on 6/14 19 68 and that in (my) (our) opinion death occurred on the date and hour and from the TO FUNERAL DIRECTOR: couses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING PHYS 6/24/68 DIRECTOR PHYS 22d. PHYSICIAN'S NAME (Type) 22a. ADDRESS ANDREY M. MANDELL, M.D. 301 E. ANTIETAM ST. HAGERSTOWN, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL CREMATION. 23b. DATE (County) (State) REMOVAL (Specify) Hagerstown-Washington-Md. Rest Haven Cemetery 250 REC D BY REG STRAR Hagerstown, Md. JUN 26 Rest Haven Funeral Chapel

1-1-11 3

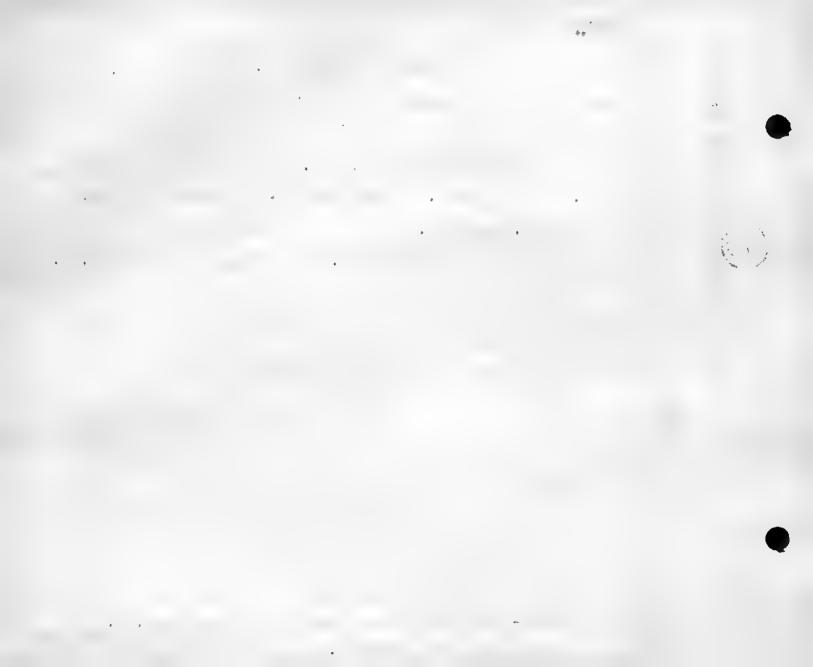
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MARYLAND STATE DEPARIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost DECEASED-NAME M:ddie 20. DATE OF DEATH CARL burial-transit permit. Then please remave carbon papers. Pages 1 and 2 burial, crematian, or removal, and in any event, within 72 hours after death within 24 hours after death BORDNER KLOCK JUNE Month 26 Doy 1 968 (Type or print) 4 RACE S. DATE OF BIRTH 3. SEX IF UNIOER I YEAR 6. AGE (In years lost birthday) MAIE WHITE 10/31/1882 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED "PENNSYLVANIA filled in U.S.A. WIDOWED X WASHINGTON DIVORCED [11 NAME OF HOSPITAL OR IN THIN ON THE APPRILED IN 10 CITY OR TOWN OF DEATH 12o, USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR WILTAMSPORT WILLTAMS PORT SHOP and completely 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13b COUNWASHINGTON HAGERSTOWNES HAGERSTOWN M ddle 14. FATHER'S NAME First Middle Lost 15 MOTHER 5 MAIDEN NAME First JOSE PH S. KLOCK CATHER INE ANN BORDNER TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 215-20-9642 RONALD KLOCK MR. HAGERSTOWN APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) Conditions, if any, which gave t O FUNERAL DIRECTOR; After this certificate has been signed by the director, page 3 should be detached far use as the burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES DE DEATH? YES [NO 🔽 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 215. TIME OF INJURY HOUR A.M. THE CONTRIBUTING THE CAUSE OF DEATH. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21F LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY Stote Street or R F D No. City or Town County While Not while I 22a. I certify that (I) (this hospital) attended the deceased from 9-19, 19, 19, to saw the deceased alive an 6-26-19, and that in (my) (our) openion depth occurred on the date and hour and from the 1.00causes stated above, (1) (westand) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23¢ NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) BURIAL CREMATION 23b DATE (County) 6/29/68 PENNA LUTERRN & REFORMED URBAN CHURCH 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2d DATE OF DEATH First The low requires that the death certificate be executed within 24 hours ofter death (Type or print) June 1 Menth 1968 William Frank Kooken IF UNDER 24 HRS. S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX A RACE 6. AGE (In years lest dirthday) MONTHS Hours white 1880 male April 7. 9. COUNTY OF DEATH 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED Maryland Washington USA DIVORCED [WIDOWED [Md. 12a USUAL OCCUPATION (Kind of work done 11, NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR and in any event, within 10. CITY OR TOWN OF DEATH during most of working life, even if refired)
Carpenter give street address)
Avalon INDUSTRY Hagerstown Manor Nurs H. Construction 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. Washington Maryland 10 E. Baltimore St. YEST NO I Hagerstown Middle Lost IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Issac Kooken Alice Kight physician 165 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) [If yes give war or dates at service] 215-14-6384 Mrs. Laura Kooken, Hagerstown. buriol, crematian, ar removol, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, Which gave 3 L1 40-1912 20170 burial-transit ase to immediate couse (a). yd bangis stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detoched for use as the shauld be filed with the State Dept of Health prior ta has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [NO [T TO FUNERAL DIRECTOR: After this certificate 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY TENDING PHYSICIAN: HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH P.M (If either, natify medical examiner) 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. State 21d INJURY OCCURRED City or Town County While Nat while 22a. I certify that (1) (this hospital) attended the deceased from June 64., 19 64., to June 14., 19 64., that (1) (we) last saw the deceased alive an 1968, and that in (my (cur) opinion death occurred on the date and hour and from the be retained causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURI ATTENDING DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) men 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (County) (State) 23g BURIAL, CREMATION, KARA ARAGA Philos Cemetery Westernport, 6-21-68 ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Boal's Funeral Service, Westernport, Md ODATE JUN 30M REV 1/68

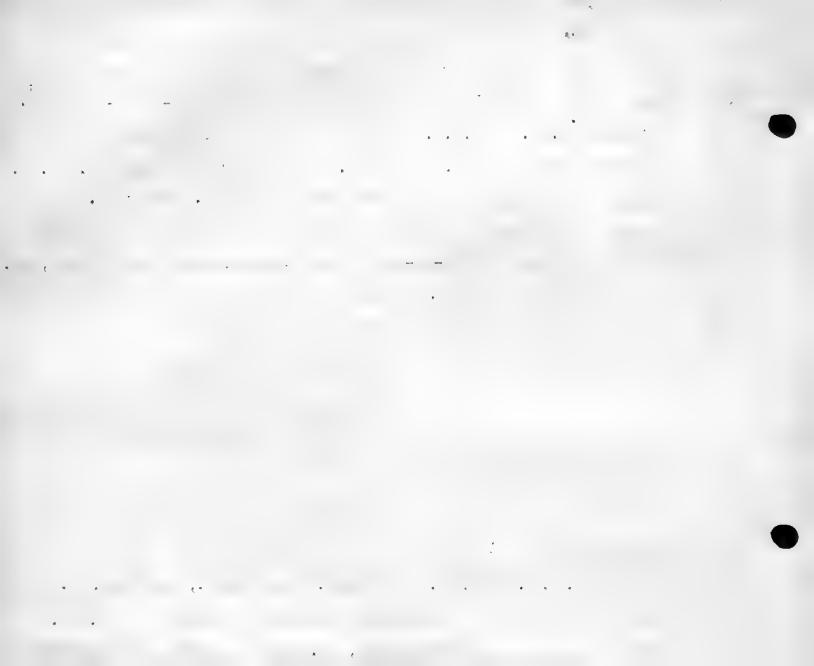
MAKTLAND STATE DEPAKTMENT OF HEALTH



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be exe	14.	FATHER'S NAME First HARV	EY	Middle D •	KR ID LE		MOTHER'S MAIDEN NAME	First	VIRGINIA		
tificate be thysician of n please val, and ir	160	WAS DECEASED EVER IN U.S	ARMED	FORCES?	SOCIAL SECURITY NO		R. ROBERT	D. KRI		MD.	
The law requires that the death certificate be executed within 24 hours after attending physician. That been signed by the attending physician and completely filled in by the forse as the burial-transit permit. Then please remaye carban papers. Pages the prior ta burial, crematian, ar remayal, and in any event, within 72 hours after		18. CAUSE OF DEATH (Ent PART I. DEATH WAS C IM Conditions, if any, which g rise ta immediate cause stating the underlying co- lost.	qve) (o),(DUE TO, OR AS A	for (a), (b), and (c).) YOUNGE OF CONSEQUENCE OF A CONSEQUENCE OF		±nferc Thrombo	,		BETWEEN ON:	TE INTERVAL ET AND DEATH
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HYSICIAN: Thospital or exprision or extrificate for us tracked for us spt. of Health	MEDICAL CERT	21a ACCIDENT WAS UNDE	IF DEATH Xaminer	P.M.	Month Day Year		OW INJURY OCCURRED (Ente	r nature af injur	ry in Part 1 ar Part 2, ar Town	Item 18.) Caunty	State
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TO HOSPITAL Page 4 may TO FUNERAL I director, pag		BUPATA (TY)	23b DA	6/6/68	23c NAME OF CORE	EMETERY OR HILL		23d LOCATIO HA G	ERSTOWN	WASH.	(Stote)
VR A15VA	24.	FUNERAL DIRECTOR	en	A Has	ADDRESS	me		UN LO	1968 FC	signature y	inge



1 1	tems 18, 22a film 401 MARYLAND STATE DEPARTMENT OF HEALTH 5-19-68, mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20. DATE KNOWN Month Doy	Year 2b HOUR
3 to Poge of	(Type or Print) Tryin Martin Lee OF ESTI DEATH MATED June 1	19 68 N
Programme Poor	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (in years I F United 1 FEAR F UNDER 24 HRS 2c DATE PRONOUNCED DEAD	61199
5 E	Male White 7/18/17 50 YRS 6- 00 1- 1-	1968 P. M
di	70 BIRTHPLACE (Stote Country OF DEATH	
Poges vith fan	Country) Hampshire W. VA. U.S.A. WIDOWED DIVORCED Washington 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND	Mr.
along with form with the State()	give street address) during most of working I te, even if retired.) INDUSTRY	
ng h	Clear Spring N. Martin St. Railroad carman W. 130. USUAL RES DENCE (Where deceased lived, if institut on: Residence before 13c CITY OR TOWN 136 INSIDE CTY LIMITS? 13e. STREET AND NUMBER	Md R.J
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20	Jehn Santa Lee Lillie # Wil	kens
boges)/	160. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown] [(I) yes give wor or dates of service) 17. INFORMANT ADDRESS	
2 Se	No None 236-20-9427 Patsy Darlene Lee Clear Spr	ing, Md
permit. F		PROX MATE INTERVAL FEEN ONSET AND DEATH
×.	IMMEDIATE CAUSE (o) FENOLITY ACUTE HEMOTTHAE IC PARCTEATIC NECTORIS	recent
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buriol-transit In ony ever	Conditions, dony, which gove rise to immediate couse (a). (b) Acute demorrhagic Duodenopathy, Diffuse DUE TO, OR AS A CONSEQUENCE OF	
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and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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nation, or	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year PRIMARY OF COURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M.	
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		d in my opinion
burio!,	death resulted fram: Natural causes Accident , Suicide , Hamicide Undetermined manner	" or my opinion
	CHIEF MEDICAL EXAMINER	
prior to	SIGNATURE ASSISTANT MEDICAL EXAMINER 226, DATE SIGNED	
	EXAMINER'S DEPUTY MEDICAL EXAMINER 6-3-68	
Health prior to buriot, crem	NAME (Type) Dr. E. W. Ditto, Jr. 215 W. Washington Stounty) Hagerstown, M.	
2 -	230 BURIAL, CREMATION, REMOVAL (Specify) 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(Stote)
	Burial 6/5/68 Greenlane Cometery Delray 24 FUNERAL DIRECTOR 25 PREC D BY REGISTRAR S SIGNATURE 25 PREC D BY REGISTRAR S SIGNATURE 25 PREC D BY REGISTRAR S SIGNATURE 26 PREC D BY REGISTRAR S SIGNATURE 27 PREC D BY REGISTRAR S SIGNATURE 28 PREC D BY REGISTRAR S SIGNATURE 29 PREC D BY REGISTRAR S SIGNATURE 20 PREC D BY REGISTRAR S SIGNATURE 20 PREC D BY REGISTRAR S SIGNATURE 21 PREC D BY REGISTRAR S SIGNATURE 22 PREC D BY REGISTRAR S SIGNATURE 24 PREC D BY REGISTRAR S SIGNATURE 25 PREC D BY REGISTRAR S SIGNATURE 26 PREC D BY REGISTRAR S SIGNATURE 27 PREC D BY REGISTRAR S SIGNATURE 28 PREC D BY REGISTRAR S SIGNATURE 29 PREC D BY REGISTRAR S SIGNATURE 20 PREC D BY REGISTRAR S SIGNATURE 27 P	Va.
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40	Villaugant Poward, Clear Spring, Md. DATE JUN 5 1968 guartes	9-0-



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Film G401 6/10/68 en DECEASED-NAME Last 2a. DATE OF DEATH 2b. HOUR ve corbon papers. Pages 1 and 2 event, within 72 hours offer death (Type or print) Month 1 5;20, Edna 6 Day 68 Year Ruth Linn 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years IF UNDER 24 HRS. Just birthday) HOURS Oct, 26, 1895 female white 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED . NEVER MARRIED UAS Penna. Washington WIDOWED T DIVORCED T filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12e. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 9Watest address)Co. duting rapst of working life, even if retired.) Wan depot Hospital Hagerstown 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13/L UNSIDE CITY LIMITS? 13e. STREET AND NUMBER TENDING PHYSICIAN: The law requires that the death certificate be executed 13b COUNTY Wash. admission) STATE Md. Hager stown YES 108 E. Washington St. burial, cremation, or removal, and in an 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER S NAME Middle Daniel Gamble Anna Sutton 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes na, ar unknown) [[If yes give war or dates of service) 173-14-1695A Alvin Linn Hagerstown. Md. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)
 PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 3 mg Canditions, if any, which gave signed by the buriof-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORGANITION GIVEN IN PART 1/01 director, page 3 should be detached far use as the should be filed with the State Dept. af Health prar to hos been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20a, AUTOPSY? 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [2] YES | TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Tawn State While Not while Caunty 22a. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an_ 5/5/1962, and that in (rgy) (our) opinion death occurred on the date and have and from the causes stated above, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE STAFF DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION, (County) (State) B WOYAL Sectiv 6-5-68 Pine Grove Cemetery Neelyton Penna 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR REGISTRAR S SIGNATUR VR A15 (4) Minnich Funeral Home Hagerstown, Md. 30M REV 1/68 DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last M-ddle I. DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR Jun Manth (Type ar print) 1998 Main 6:00Pm Jane Susan 6. AGE (In years lost birthday) 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. this certificate has been signed by the ottending physician and completely filled in by the detached far use as the burial-transit permit. Then please remove carban papers. Pages to Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after the contractions. HOURS Dec. 6. 1880 White Female 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED [] NEVER MARRIED [] Washington WIDOWED X DIVORCED [77] Middletown, Md. requires that the death certificate be executed within 24 10. CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working its, even if retired.)
Housewife give street address) Washington Co. Hospital Own Home Hagerstown 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? admiss on) STATE 13b COUNTY Washington Keedysville YES [NO TY Rfd. 1 Maryland 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Francès Younkins Kephart Henry 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, ar unknown) (IF yas give war or dates of service) Mrs. Welty Nicodemus, Rfd. 1, Keedysville, Md None APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND CEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burnat-tran stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 195, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? NO G YES -21a ACCIDENT WAS UNDERLYING 215, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. director, page 3 should be detache shauld be filed with the State Dept. 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Mat while at work 220. I certify that (1) (this haspital) attended the deceased from June 27, 19 50, to June 3, 19 68, that (1) (we) last saw the deceased alive on June 30, 19 68, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above, (1) (we) (aid) (did not) view the bady ofter death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF 7-1.68 DEGREE PHYS DIRECTOR PHYS 22d PHYSICIAN'S Main St., Boonsboro, Md. NAME (Type) Joseph Secondari, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City of Town) 23b. DATE (County) (State) 23a BURIAL, CREMATION. REMOVAL (Specify) Boonsboro, Wash. Co., Md. 68 Boonsboro Cemetery 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a REC'D BY REGISTRAR John H. Bast, Jr. 1112 N. Main St. Boonshoro, M PATE JUL

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPAR	
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	F BIRTH 6. AGE (In years IF LINDER YEAR IF UNDER 24 HRS last bushday) YRS. MONTHS DAYS HOURS MIN.
TOUR TOUR DESIGNATION OF THE PERSON OF THE P	MARRIED 9. COUNTY OF DEATH VORCED WASHINGTON Md.
	120 USUAL OCCUPATION (Kind of work done during mark of working of the control of
	13d INSTORTITY UMITS? 13d STREET AND NUMBER
	S MAIDEN NAME First Middle Last
	CARRIE MCULLOUGH
es no or unknown) (If yes give wer or dates of senses) NONE (If yes give wer or dates of senses)	
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	AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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21d INJURY OCCURRED While Not while at work 2 to the part work 2 to th	
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Edward Moure DEGREE PHYS	NDING DIRECTOR DISTAFF 22c. DATE SIGNED 6-14-68
	ADDRESS
	363 S. Cleveland Ave. Hagerstown, Md.
BURIAL, CREMATION, REMBYLAND 6.15.68 BURIAL CREMATION, REMBYLAND 6.15.68 BURIAL CREMATION, PRESBYTERIALY FUNERAL DIRECTOR ADDRESS	
B B B C C C C C C C C C C C C C C C C C	BIRTHPLACE (State or foreign purity) MARYLAND CITY OR TOWN OF DEATH GUSUAL RESIDENCE (Where deceased lived, if institution- Residence before purity or town of Death GUSUAL RESIDENCE (Where deceased lived, if institution- Residence before purity or town of Death GUSUAL RESIDENCE (Where deceased lived, if institution- Residence before purity or town or deceased purity or town purity full on the paper of Death purity full on the paper of Death purity full on the paper of Death paper or deres of senare) GUAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED 89: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF conditions, if any, which gave inse to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT GELATED TO THE TERM 190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR AS A CONSEQUENCE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 21d. ACCIDENT WAS UNDERLYING PAME of INJURY (AT HOME, FARM STREET, FACTORY.) 21d. INJURY OCCURRED OR AND PAME (I) (this haspital) attended the deceased from Causes stated abave, (I) (we) (dight (did-not) view the bady after death. 22d. I certify that (I) (this haspital) attended the deceased from Causes stated abave, (I) (we) (dight (did-not) view the bady after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH GAYNELL Last 1. DECEASED-NAME 20 DATE OF DEATH 2b. HOUR June Manth (Type or print) Leila MARTIN burial-transit permit. Then please remove carbon popers. Pages 1 burial, cremotian, ar removal, and in any event, within 72 hours offer 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (in years IF UNDER 1 YEAR F JNDER 24 HRS xecuted within 24 hours after last burthday) HOURS Female Jan. 7 1925 White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED filled in country) Maryland Washington Washington WIDOWED [DIVORCED [1D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION [Kind of work done 12b KIND OF BUSINESS OR Washington Co. Hospital during most of working life, even if retired) Auto Parts Hagerstown 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN admission) STATE Waryland 3b COUNTY Weshington Hagerstewn 13e STREET AND NUMBER 13d UNSIDE CITY LIMITS? NO A 1S. MOTHER S MAIDEN NAME 14. FATHER S NAME M:ddle Helen Middle First Last Martin Peter Shabk 17. INFORMANT Mr. David H. Martin 16b. SOCIAL SECURITY NO. 215-20-7817 Hagerstewn Md. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give war or dates at service) RFD #4 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Canditions, if any, which gave) rise to immediate cause (a) signed by DUE TO, OR AS A CONSEQUENCE OF be retoined by the hospital ar ottending physician. stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a) Page 4 may be retained by the november of FUNERAL DIRECTOR: After this certificate has been a for use as the director, page 3 should be detoched for use as the should be filed with the Stote Dept. of Health prior to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20n. AUTOPSY? CAUSES OF DEATH? NO 🗍 YES 🗌 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. P.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,)
OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City of Town State County While | Nat while | 22a. I certify that (I) (this hospital) attended the deceased from 19 66, and that in (my) (aur) apinion deoth occurred on the date and hour and from the saw the deceased alive on... couses stated abave, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE **ATTENDING** DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESSI NAME (Type) 23c NAME OF CEMETERY OR CREMATORCOME tery 23d LOCATION (City or Town) (County)

The Table Tuthern Church Fairview Maryland 23b. DATE 23a BURIAL CREMATION (State) BREMOVA (Specify) June 26-68 Mt. Taber Luthern Church 24. FUNERAL DIRECTOR ADDRESS PEGISTRAR'S SIGNA 30M REV. 1/68 Albert L. Leaf Williamsport Md.



MAKYLAND STATE DEPAKTMENT OF HEALTH

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death.			EASED NAME DOB or print) First P	oses C.	M,ddle Ni C	MCMUYY		DATE OF DEATH,	he Doy	1968	25. HOUR
after o		3. SEX	Male	4 RACE	White	S. DATE OF BIRT	10,1909	6. AGE (In	yeors II doy) MG		F UNDER 24 HRS. HOURS MIN
hours English		7o. Bli count		b. CITIZEN OF WHAT	COUNTRY?	B. MARRIED NEVER MARRII WIDOWED DIVORCE	TO !	NTY OF DEATH WASHINGT	ON		M
vithin 24 filled pop pop within 7	,		Y OR TOWN OF DEATH AGERSTOWN	11 NAME	OF HOSPITAL OR INST	ITUTION (If not in hespital ATE HOSPITAL		PATION (Kind of w vorking life, even if	ark done fretired)	126 KIND OF BU INDUSTRY Bal	SINESS OR
e deoth certificate be executed within 20 ottending physicion and completely filled permit. Then please remove carbon pop an, or removol, and in any event, within 7	01		SUAL RESIDENCE (Where deceased ion) STATE Md.	lived, if institution:	Residence before	13c, CITY OR TOWN 13c	T INSIDE CITY LIMITS?	130. STREET AND N Jane Fr	CHIDEK		
te be exection and contraction	2	14. FA	THER'S NAME First James	Middle S O.	lost McMurry	15. MOTHERS MAD M.	EN NAME First Bertha	Blank	Middle		Lost
ifficate hysicion pleas		16a. Ye Ye	VAS DECEASED EVER IN U.S. ARME s, na, ar unknown) (If yes give wor	na datas of sun-iral	b social security No 12-22-65		a Davis		Address land.	Md.	
eoth certifi ending phy nit. Then or removo			8. CAUSE OF DEATH (Enter only PART 1 DEATH WAS CAUSED	one cause per line f BY E CAUSE (a)	or (a), (b), and (c).)	Bronch	ohne	umon	ia,	APPROXIMAT BETWEEN ONSE	
The low requires that the death certificate be executed within 24 hours after death ottending physicion. has been signed by the ottending physicion and completely filled in 5y the funeral se as the buriol-transit permit. Then please remove carbon papers made in the horior to buriol, crematian, or remayol, and in any event, within 72 hours after death			Conditions, if any, which gave) ise to immediate cause (a),	DUE TO, OR AS A	CONSEQUENCE OF	CVA	/			10m	on
equires tho physicion. signed by buriol-tran buriol, cren			stating the underlying couse	(c)	CONSEQUENCE OF						
w requi			PART 2. OTHER SIGNIFICANT COND	monar	y ma	rct					
CIAN: The fow repitol or ottending rificate has been of for use as the of Health prior to	1	TIFIC		ONDITION FOR WHICE		YES 🔽	NO 🗀	20b. IF YES, WERE CAUSES OF DEATH?	?		TIFYING
ICIAN: pitol or rificote d for u		DICAL	To ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH If either, notify medical examine	HOUR A.M. / P.M.	Month Doy Year	21c HOW INJURY OCCUI		e of injury in Port 1	or Port 2, Ite	m 18.)	
bing PHYSICIAN by the haspitol fler this certifical be detoched for State Dept of He		0	t work of work			ORY.) 21f. LOCATION Street	or R.F.D No.	City or Town		County	State
ENDING ed by t ?: After old be o			22a. I certify that (1) (this saw the deceased ali couses stated above,	ve an	19	and that in (mv)	, 19, (our) opinion	tadeath occurred (, 19 on the dote	, that (ond hour a	I) (we) la nd from th
OR ATTEND oe retained by intector: All of a should be edited with the S			22b SIGNATURE	(1) (we) (10) (1	Da	ATTENDING PHYS	MED.	STAFF PHYS.	22c. DA	TE SIGNED	1968
	1		22d. PHYSICIANS NAME (Type)	n G	Rilex	22e. ADDRE		, 11	ersto	11	√
O HOSPITAL Page 4 may O FUNERAL director, pag		23o	BURIAL, CREMATION, 23b D. REMOVAL (Specify) Jur	ATE 1e24,1968		emetery or crematory emorial Park		LOCATION (Gity or)		(County)	(State)
VR A15 (4 30M REV 1)	64 1298 13	24 F	uneral director ames F. Scarpe		ADDRESS	2	SO. REC'D BY REG	STRAR 25b. F	REGISTRAR S SI	GNATURE	ege.

MARYLAND STATE DEPARTMENT OF HEALTH



rigida, 1 -	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT. = = ♣ 1 1=	1. DECEASED NAME First Middle Lost (Type or Print) IMary Leona Merriman 20 DATE KNOWN Month Day Year 2b HOUR OF ESTI-
ond deloy	3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (n years lips Tyrinday) F UNDER 1 YEAR 1 F UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR MIN Month Day Year 1960 70 M
fer 1, 2, fer Property	70 BIRTHPLACE (Stote or foreign U.S.A. WIDOWED DIVORCED MARRIED NEVER MARRIED NEVER MARRIED MEDITION Md.
3 ve Pages ng with for h the State h.	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a_sul. OCCUPATION (Kind of work done during Alas Gorking IR, even if refired) 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during Alas Gorking IR, even if refired) 12b Kind OF BUSINESS OR during Alas Gorking IR, even if refired)
hours after trem 18. G v Office along and 2 with after death.	130 USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c (ITY OR TOWN admission) STATE Liaryland (QUNIVederick brunswick yest No 5-0 Second Ave.
24 haurs in stem 18 r's Office o es land2v	14. FATHERS NAME first Middle Greenfield Is MOTHER'S MAIDEN NAME first Anna Middle Jenner Lost
within 24 in pencil in Examiner's File pages in 72 hours	(Yes go, or unknown) (If yes give wor or dotes of service) (If yes give wor or dotes of service) (Lalinda L. Cook. Spur Swick, L.d.
should be executed e ward "pending" is the Chief Medical iurial-transit permit in any event within	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. (b) Multiple Bib Fractures & Atumo DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) Pullippe Therax — Frequency palvis + tibia PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
r pe pe	196. DATE OF OPERATION 196. COND THON FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES AND 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Yeor 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item IB.)
그 개투교 (중 2)	PRIMARY DOR CONTRIBUTING HOUR AM. CAUSE OF DEATH P.M. 6-27 1965 PLACE OF INJURY (At home, tarm, street, 21f LOCATION Street or R.F.D. No. Causty of State
	AT WORK AT WORK AT WORK AT WORK TO Street Charles town Jeff. W.Va.
necessary, please execute the funeral director. Page 45 may be ratained for your to FUNERAL DIRECTOR. Page Health prior to buriol, crem.	22a certify that toak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED EXAMINER'S DEPUTY MEDICAL EXAMINER 6-5-6 NAME (Type) Dr. Edward W. Ditto 111. 217 West Washpress town, Maryland
0 = = 2 D	230 BJRIAL (REMATION BRINDS AND DATE /68 PARK HOTERITERY OF CREMATORY COURS TO BOTH CHANGE TOWN, In all County) (State)
VR A15ME (8)	24. FUNERAL DIRECTOR ADDRESS 250. RECORD REGISTRAR S.G. REGISTRAR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. M-ddle 1 DECEASED-NAME Frest 20. DATE KNOWN Month Yeor (Type or Print) EST1-Marshall. Eugene Monroe e DEATH MATED 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF HINDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 SEX P.M3. Negro Male Nov.2. 1940 Y85 MARRIED NEVER MARRIED Y 7o BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH icate, writing the ward "pending" in pencil in Item 18 Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with farm DIVORCED [Maryland WIDOWED [IISA Washington 120. LSUAL OCCUPATION (Kind of work done during mosk of work ng life, even if retired) 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITATION (Page on hospital 12b KIND OF BUSINESS OR at Shepherdstown Bridge INDUSTRY Building Near Sharpsburg death 130 LSUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTWashington odmission) SAFryland Sharpsburg YESX NO 227 W. Antietam St. and 2 \ after Middle 14. FATHER S NAME 15. MOTHER'S MAIDEN NAME M. King Clarence H. Monroe Frances pages haurs Zersw. Antietam St. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) 218-38-1606 Mr. Clarence H. Monroe Sharpsburg, Maryland within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) in any event DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Conditions, if ony, which gove rise to immediate couse (a), certificate should DUE TO OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) remayal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO TH 96 210 EXTERNAL CAUSE WAS ь 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 3 should 4 should PRIMARY - OR CONTRIBUTING crematian, Swimming white CAUSE OF DEATH 2)e PLACE OF INJURY (At home, form, street, 21f 1OCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) Skipher-dstower RIVET- NIGH AT WORK AT WORK WiVa otomac niver-22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry and in my apinion director. death resulted fram: Natural causes . Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral d DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNE Health E.W. DITTO, III ADDRESS(Street, city, town, or county) HINGTON AMENTOWN HAGERISO TOWN, MD + 23d LOCATION (City or Town) 230 BURIAL CREMATION June 18, 1968 Tolson Chapel Cemetery Sharpsburg, Washington, Md. Burial 24 FUNERAL DIRECTOR 250 REC D BY REG STRAR 25b. REGISTRAR S S GNATURE Williamsport, Maryland. Leaf Albert L. TOM REV 1

MARYLAND STATE DEPARTMENT OF HEALTH

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1 1		6435	DIVISION OF THA	-	ERTIFICATE OF D	-	AL, INAK I LAND	21201	4.	3
- }	1 DE	CEASED NAME First		Middle	Lost		. DATE OF DEATH	·····		2b. HOUR
	(T	(pe or print) GARAL	D FEW	AN	MUNSON	Ţ	UNE Month	77 DOY	68 Year	1:10#
ŀ	3. SE		4. RACE	2244	5. DATE OF BIRT		6. AGE (In			F UNDER 24 HRS.
		MALE	WHITE		NOVEMBE	ER 16. 1	906 61	hday) #	ONTHS DAYS	HOURS MH.
- 1		IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COL	INTRY?	MARRIED X NEVER MARRI		UNTY OF DEATH			
	coun	MARYLAND	U.S.A.		WIDOWED DIVORCE		ASHINGTON			Md.
		TY OR TOWN OF DEATH AGERSTOWN	11 NAME OF give street or WASH	HOSPITAL OR INSTI	TUTION (If not an hospital OUNTY HOSP.	120. USUAL OC	CUPATION (Kind of vivorking I fe aven	vork dane if retired.}	126 KIND OF BI	JSINESS OR
ı	19.5	ICHAL DECIDENCE /U/Lass dasses	and financial if incrinution Day	udanca balara Ti		8. INSIDE CHY LIMITS?	13e STREET AND N		00 1001	
1	odmi	sion) SIAIE MARYLAND	13b COUNTY WASH]	NGTON	HAGERSTOWN Y	YES 🙀 NO 🗆	431 N. M	ULBERR	Y ST.	
		ATHER'S NAME First	Middle	Lost	1s. MOTHER'S MAID	DEN NAME First		Middle		Lost
		JOHN	W	MUNSON		NELLI			WELS	
Ī	160. Y	WAS DECEASED EVER IN U.S. ARI	ent of sister of conuce)	CIAL SECURITY NO 1-09-108		TRICE MU		ANTESS MU ERSTOW	LBERRY N. MARY	
١		18. CAUSE OF DEATH (Enter or	y one couse per line far (o), (b), and (c).)					APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
		PART 1. DEATH WAS CAUSE IMMEDI	D BY. ATE CAUSE (a)	nal f	Parline + v	hibanou	howard her	unchase	, Ju	celo
		4010	DUE TO, OR AS A CO					0		
		Conditions, if ony, which gove rise to immediate couse (o),	(b) Ba	itera	endocar	eitis			2 70cc	relho
		stating the underlying cause	DUE TO, OR AS A CO	NSEQUENCE OF						
		lost.	(c)					-1.1		
		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERMINAL I	DISEASE ORCONDIT	NON GIVEN IN PART	1(0)		
	NOL	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPE	DATION WAS DEDE	ORMED 20a. AUTOPS	vo	20b. IF YES, WERE	EINDINGS CON	ICIDEDED IN CED	TIEVING
,	CERTIFICATION	170. DATE OF OPERATION 170.	CONDITION FOR WHICH OF	KATION WAS FERF	YES TE	NO 🗆	CAUSES OF DEATH		IDIDENCED III CEN	.III (INO
	CERTI	21o. ACCIDENT WAS UNDERLYII	IG 216 TIME OF INJUR	Υ	21c HOW INJURY OCCU		ire of injury in Port 1	or Port 2. Ite	m 18.)	
1	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	H HOUR A.M. Mon	th Doy Year					,	
	MED	While Not while	PLACE OF INITIRY LAT HOM	E, FARM, STREET, FACTO BUILDING, ETC.	RY.) 21f. LOCATION Street	or R.F.D. No	City or Town		County	Stote
1		OT WORK OF WORK	habratta (lottanded X	the decensed	from June 6	19 48	to/:/24#4	17 196	A that /	1) Ave lost
1		22a. I certify that (I) (the saw the deceased a	live on sure	919	62, and that in (my)	(XXX) opinion	deoth occurred	on the date	and hour a	nd from the
-1		couses stated above	e, (I) 1606) (did) (aid n	ot) view the bo	ody after death.					
		22b. SIGNATURE	18 4-	in 14	DEGREE ATTENDING	MED.	STAFF		TE SIGNED	
		22d PHYSICIAN'S	£ C. 4770		, 22e, ADDRE		OR L.J PHYS.	m 0/T	8/68	
1		NAME (Type) Ric	HARD E.	Smit			AVE. HAG	ERSTOW	N, MD.	
	23a	BURIAL, CREMATION, 23b.	DATE	23c NAME OF CE	METERY OR CREMATORY		I. LOCATION (City or		(County)	(Stote)
		DEDAGUAL (Co f. A	6/20/68	ROSE HI	LL CEMETERY		GERSTOWN.		GTON CO	MD.
	24	ELLIFRAL DIRECTOR	-	ADDRESS	2	So. REC'D BY REC	- 4	REGISTRAR'S S	GNATURE	P.
	1	Harles M Kang	HA	TEKS TOWN	, MARYLAND	DATELLIN 2	4 1968	mare	700	

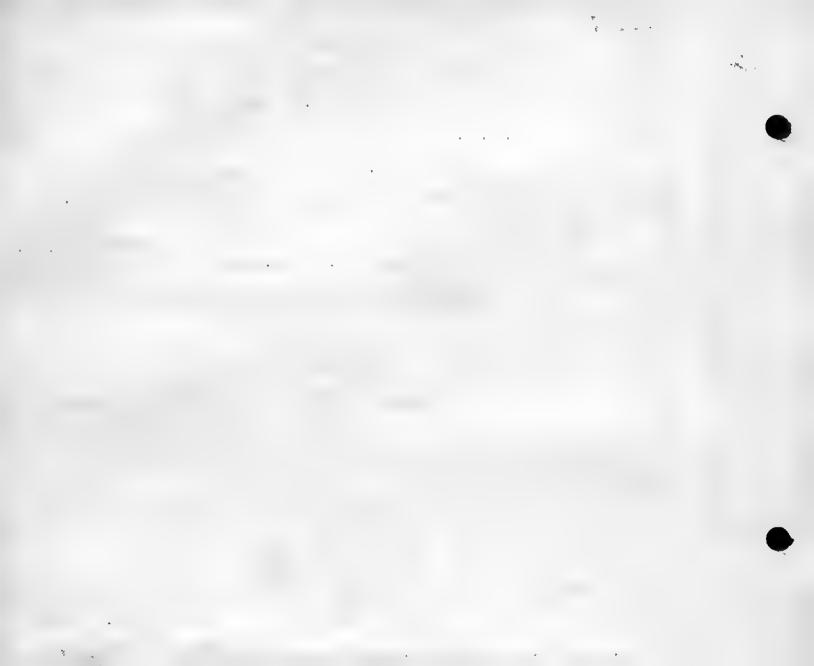
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		21115	DIVISION OF VII		TIFICATE OF DEA		MARILAND 21201		i
- 2 - - 2 - 2 - -		DECEASED-NAME First	•	Middle	Lost	2o. DA1	TE OF DEATH		2b. HOUR
24 haurs after death death by the funeral power and 2 hours and 2 hours and 2 hours		(Type or print) LEC		PAVIOV	NAZARTT	T	Month Do	Y Yeor 1968	17 AM
fun fun	3. :		4 RACE	- 227 297	S. DATE OF BIRTH		6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
aft faces		MALE	W	HITE	JUNE 5	1900	lost birthday) 68 YRS.	MONTHS DAYS	HOURS MIN.
\$ E		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT C	OUNTRY? 8. M.	ARRIEDXIX NEVER MARRIED		Y OF DEATH		
	COI	Intry) RUSSIA	U.S.A		OWED DIVORCED	_	WASHINGTON		Md
	10.	CITY OR TOWN OF DEATH	11. NAME (DE HOSPITAL OR INSTITUT		o USUAL OCCUPA	TION (Kind of work dane	12b. KIND OF B	
\$ \frac{1}{2}		HAGERSTOWN	give street	SHINGTON CO	DUNTY HOSP. d.	PHOTOGH	x ng life, even if retired.)	INDUSTRY PHOT	0.
event		USUAL RESIDENCE (Where deceos		Residence before 13c.			e STREET AND NUMBER		
	odi	mission) STATE N.Y.	13b. COUNTY	YORK N	W YORK YES	X NO C	05 W 142ND	STREET	
	? 14.	FATHER'S NAME First	Middle	Lost	1S. MOTHER'S MAIDEN	NAME First	Middle		Lost
		PAVLOV		NAZARI		MARIA		(UNKNOW	1)
5	16	o. WAS DECEASED EVER IN U.S. ARA Yes, pp. or unknown) { yes give v	man and along of annual	SOCIAL SECURITY NO.	17. INFORMANT		Address		
		NO '	08	32-09-17271	MRS ARTEMI	S NAZARI	TI 605 W 14		Y MY
		18. CAUSE OF DEATH (Enter on	ly one couse per line fo	r (0), (b), ond (c).)	1 -111	1/2-		BETWEEN ON	ET AND DEATH
ar remava		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	In week	an graifa	pein		125/24	laneaus
should be filed with the State Dept. af Health priar ta burial, cremation, ar remayal, and in any		1101	DUE TO, OR AS A	CONSEQUENCE OF	10/	1 / F		51	UKS
burial, crematia		Conditions, if ony, which gove inse to immediate couse (a),	(b) Also.	Muleta	meal by	quotien	t	47.4	Pr-
		stoting the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF	and letter	- Hour	+-1	1	110.
		lost.	(t)	anden	recurous	Tream	Verien	1 80	rgu-
		PART 2 OTHER SIGNIFICANT COI	IDITIONS CONTRIBUTING	TO DEATH BUT NOT REI	ATED TO THE TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART I(o)		
	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH C	PERATION WAS PERFORM	NED 20a AUTOPSY?	20	Ob IF YES, WERE FINDINGS	CONSIDERED IN CER	TIFYING
) BE				YES [NO TON	AUSES OF DEATH?		
					21c. HOW INJURY OCCURRED	(Enter noture of	finjury in Port 1 or Port 2,	Item 18.)	
	MEDICAL	OR CONTRIBUTING CAJSE OF DEAT (If either, notify medical exami		onth Day Yeor 19					
	A P		PLACE OF INJURY (AT H	OME, FARM, STREET, FACTORY,	21f. LOCATION Street or R	F.D. No.	City or Town	County	Stote
	-	While Not while of work				· · · · · ·			
		22a. I certify that (I) (the saw the deceased a	is hospital) attende	d the deceased fr	my 1844 20	, 19_4_, to	[Mare 75, 19	, that (i) (We) last
		saw the deceased a	live on	Lite Line bade	Ø, and that∕in (my) (&	ut) apınian der	ath accurred an the d	ate and haur a	nd fram the
		22b. SIGNATURE	e, (1) (Jölé) (alb) (am	west-relew the budy	uner dedni.		77r	DATE SIGNED	
		120. SIGNATURE	Charles	Mander	DEGREE PHYS	MED. DIRECTOR	STAFF D	6/25/68	3
		22d. PHYSICIAN'S	2011	- Harris A.	22e. ADDRESS	DIRECTOR	- 1113.	, ,,	
		NAME (Type) EDS	ON B MOODY	M.D.	363 S.	CLEVELA	ND AVE HAGER	RSTOWN MI),
	23	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF CEMET	ERY OR CREMATORY	23d 10	CATION (City or Town)	(County)	(Stote)
		periorial to the	6/26/68		UNERAL HOME	NE	W YORK	N.Y.	N.Y.
	24	FUNERAL DIRECTOR		ADDRESS	250.	REC'D BY REG STR	AR 25b REGISTRAR	SIGNATURE.	100
) (68	3	Lail 82 m Rock	E HAC	PERSTOWN MA	DATE DATE	JUN 28	1868 Julie	res July	7

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MAKILANU SIAIE DEPAKIMENI UF HEALIH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00222 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR burial-transit permit. Then please remave carbán papers. Pages T and 3 burial, crematian, or remaval, and in any event, within 72 hours after death (Type or print) Month Doy Year Paul Melvin Paden :15PM June 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR OF LINDER 24 HIRS. in by his Male White Jan. 6, 1905 YRS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED WEVER MARRIED 9. COUNTY OF DEATH Hagerstown U. S. A. WIDOWED [DIVORCED [Washington requires that the death certificate be executed within 24 filled 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Hagerstown Washington Co. Hospital Inspector Metal 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b Washington YES 🕎 No 🗆 Hagerstown 836 Guildford Ave 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Last Middle and William Paden Trovinger Daisy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO 17 INFORMANT AddresHagerstown, Md. Yes, np. or unknown) 214-09-6131 Mrs. Mary L. Paden, 836 Guildford Ave. permit. The 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gove) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o) the has been prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING ds. CAUSES OF DEATH? YES F NO [TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt 216 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 OR CONTRIBUTING | CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Nat while of work 22a. I certify that (1) (this haspital) attended the deceased fram 1960, 10/1 saw the deceased alive and the date and haur and from the causes stated above (1) (we) (aid faid nat) view the body after death 22b SIGNATURE 22c DATE SIGNED DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a BUR AL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) PREMOYAL (Specify) 3- 68 Boonsboro Cemetery Boonsboro, Wash. Co., Md. ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Main St. Boonsboro, Md PARU - 9 1968 30M REV



1 67	It	m 18 Film 403 8-19-6	MARYLAND STATE DE	PARTMENT OF HEALTH ON STREET, BALTIMORE, MAI	RYLAND 21201	
FOR STATE	K		· ·	CERTIFICATE OF DEAT		0130
HEALTH-DEPT		EASED-NAME First the or Print) Anna B	lanch Pane	Lost	20 DATE KNOWN Month OF ESTI-	Day Year 2b HOUR
delay is and 3 to M3. Page thent of	3 St		BIRTH 6 AGE (In year	I IF INDER 1 YEAR I IF INDER 24 HR	DEATH MATED 6 2c DATE PRONOUNCED DEAD Month Day	8 1963 11 PM
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	MARYLAND STATE DEPARTMENT OF HEALTH
The state of the s	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
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ofter (wn	3. SEX FEMALE 4 RACE WHITE S DATE OF BIRTH 2/1/1913 6 AGE (In years list More 74 Hrs lost Day's Hours Alle.) WHITE S DATE OF BIRTH 2/1/1913
4 haurs	70 BIRTHPLACE (Stote or foreign Country) 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED Y COUNTY OF DEATH WIDOWED DIVORCED WASHINGTON MAD
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ecuted with completely ove corbon y event, wi	130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIM TS? odmission) STATE AND NUMBER 13b COUNTY LAND 13b COUNTY LIM TS? 13e STREET AND NUMBER 1230 SALEM AVE.
be exe	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost HENRY F. McCULLOUGH MARIE WILSON
ifficate hysician pleas	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) 16b SOCIAL SECURITY NO 17 INFORMANT Address 515-12-3912 MR. MERRITT POPE HAGERSTOWN MD.
ifcian: The low requires that the death certificate be executed within 24 haurs after death pitol or ottending physician. rifficote has been signed by the ottending physician ond completely filled in by the formal physician ond completely filled in by the filled in by the ottending physician ond completely filled in by the filled in by the ottending physician ond completely filled in by the filled in by the ottending physician on the please remove corbon papers. It is a filled in the fi	BETWEEN ONSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove itse to immediate couse (o), (b) Stoting the underlying couse (b), DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY INOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 1210. ACCIDENT WAS UNDERLYING 1215 TIME OF INJURY 121c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2. Hem 18.)
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by Stot	22a. I certify that (I) (this hospital) attended the deceased fram 19 to
TO HOSPITAL OR ATTENE Poge 4 may be retained TO FUNERAL DIRECTOR: A director, poge 3 shauld Should be filed with the	22d. PHYSICIAN'S NAME (Type) Robert F. Keadle 22e. ADDRESS 580 Northern Ave., Hagerstown, Md.
TO HO Poge direct	230. BUR AL CREMATION, REMBURITAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY HAGERSTOWN WASH. MD.
OM REV TO	24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last DECEASED-NAME 2g. DATE OF DEATH 2b. HOUR Page 4 may be retained by the haspital or attending physicion. **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the summaral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Agges 3 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. JuneMonth (Type ar print) Arthur 9. Doy 1968 or John Randall S DATE OF BIRTH 3. SEX 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS last buthday) HOURS July 25, 1881 White Male 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 76. CITEZEN OF WHAT COUNTRY? 8 MARRIED 1 NEVER MARRIED requires that the death certificate be executed within 24 hou Durham, Maine Washington U. S. A. WIDOWED | DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) MANGAtion Fahir ley- Keedy Mem. Home Boonsboro 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? ddmission) STATE and 13b COUNTY Was YES NO T Keedysville Rfd. 1 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Middle Middle Penley Greenfield Randall Julia A. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Keedy Home Yes no, ar unknown) (If yes give war or dates of service) Mrs. Georgiana Randall, Boonsboro. TB. CAUSE OF DEATH (Enter any one cause per line far (p), (b), and (c))
PART 1 DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO, OR AS A GONSEQUENCE OF Conditions, if any, which gave) meun use to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) T ye 10 1 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO 🗀 YES 🖂 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Doy Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from Llands 19, 1963, taylor 1963, that (I) (1963) last sow the deceased alive on 1963, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we)(did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING -MED DIRECTOR STAFF PHYS. M. W DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23b DATE (County) 230 BUR AL CREMAT ON. CREMOVAL (SPECIFY) 6- 11- 68 Fort Lincoln Crematory 3201 Bladensburg Rd. Wash. D.C 250. REC'D BY REGISTRAR REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 30M REV. 1/68 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md DATE

MARYLAND STATE DEPARTMENT OF HEALTH



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O DEPUTY necessary, F the funeral 5 may be n 0 FUNERAL Health pno		EXAMINER'S NAME (Type)	Edward W	. Ditte	III			ADDI	RESS(Street,	city tav	vn, ar caunt	Hager	stewn	, Md.	vash.
nece the 5 m Heal	230	BUR AL CREMAT	ON, 23b. D	PATE	23c N/	AME OF CEMETER	Y OR CREMA	TORY		23d.	LOCATION (City or Town)	(Co	S) (Ylnuc	tate)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 .9128 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME First 2n. DATE KNOWN (Type or Print) OF ESTI Poge RICHARD LEWIS DEATH MATED 6 AGE (in years 4 RACE F UNDER 1 YEAR IF LINDER 24 HRS 3 SEX 5 DATE OF BIRTH 2c DATE PRONOUNCED DEAD Day AUG. 6. 1939 MALE WHITE To BIRTHPLACE (State or foreign 76. C TIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH U.S.A. WIDOWED [DIVORCED IX WASHINGTON. 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if refired)
ERICK MASON RURAL HAGERSTOWN 13a USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER 136. COUNTY WASHINGTON YES NO T HAGERSTOWN SHARPSBURG PIKE 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME SPRECHER RICHARD CLAYTON REPP MARGARET RT #2DDRESS pencil 160 WAS DECEASED EVER IN L. S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, ar unknown) 21.2-38-950] MR. RICHARD C. REPP HAGERSTOWN. MARYLAND w.thin APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) certificate should be executed PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Iva we d Canditions, if any, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🔲 NO 🔽 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2 Item 18) 3 should PRIMARY OR CONTRIBUTING 6-101968 CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF MJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) wash H2912510Wn Hd Inspection . Inquiry and in my apinion Accident , Suicide 4 Hamicide death resulted fram-Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MED CAL EXAMINER JUNE 11, 1968 DEPUTY MED CAL EXAMINER Health E.W. DITTO, 3rd. M.D. ADDRESS(Street, city, tawn, ar caunty) LIA NAME (Type) 50 23b DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23d LOCATION (City or Town) (County) CEDAR LAWN MEMORIAL PARK WASHINGTON COUNTY, MARYLAND 24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR HAGERSTOWN. MARYLAND

MAKTLAND STATE DEPAKIMENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Last First Middle 2g. DATE OF DEATH 2b. HOUR (Type or print) Month David M. Ridenour June a.N 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF DAIDER EYEAR F JNDER 24 HRS. ed within 24 hours offer last birthday) MONTHS DAVS HOURS White Sept. 25. 1878 Male director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pag should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours 9. COUNTY OF DEATH filled in by 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED T NEVER MARRIED country) Washington WIDOWED X DIVORCED [Maryland 12a. USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in baspital IO. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street oddress) during most of work ng life, even if retired.) **INDUSTRY** and completely R. D. 3. Smithsburg armer Farm 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c CITY OR POWND 3 13d INSIDE CITY LIMITS? 13a. STREET AND NUMBER odmission) STATE Maryland 13h COUNTY Shington Smithsburg R. D. 3 14. FATHER'S NAME Last IS MOTHER'S MAIDEN NAME First Middle First Middle Ridenour Malinda Stephy Levi requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) 215-36-6947A Mrs. George M. Rowe Smithsburg #3. Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A COMSEQUENCE OF FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR Page 4 may be retained by the hospital or attending 1011 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES [7 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 2)e. PLACE OF INJURY (AT NOME, FARM, STREET FACTORY) 21f. LOCATION Street at R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from fund that in (my) (our) opinion death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURI 22L DATE SIGNED ATTENDING DIRECTOR PHYS. 22d. PHYSICIAN S 22e. ADDRES NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d LOCATION (City (State) Entombinent 6/18/1968 Smithsburg Mausoleum Smithstarg. Washingto 2Sa REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR ATS (A) Waynesboro, Penna.



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. 1	D		STATE DEPARTMENT OF HI DI W. PRESTON STREET, BALTIM		. % . 4
·	0120	CE	RTIFICATE OF DEATH		7.1
	First WILL	IAM JOHN	SCHËELEY	JUNE Month 5 Doy	1968 1 PM
3. SEX	MALE	4 RACE WHITE	s. date of Birth 1/13/188	6 AGE (In years last budhday) YRS.	OF JNOER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOLES MIN
	PLACE (State or foreign 7b. NSYLMANIA	U.S.A.	WIDOWED DIVORCED	COUNTY OF DEATH WASHINGTON	Md
H	OR TOWN OF DEATH AGERSTOWN	TATIRNEYSS) KEED	UTION (If not in hospita 12a USUAL Y MEN HOME durin RE	OCCUPATION (Kind of work done TIRED "ENGINEER	126 KIND OF BUSINESS OR INDUSTRY L ROAD
130 USU/ odmission 14. FATHE 16a. WAS Yes, ni 18 Can rise stat lost	AL RESIDENCE (Where deceased MARYLAND	lived, if institution: Residence before 13b. COUNT WASHINGTON	SAN MAR YES X NO	RURAL BOONS	BORO
1 14. FATHE	RS NAME First MATHEW	Middle SCHEELEY	IS. MOTHER S MA DEN NAME FIT		KILGUS Lost
16a. WAS Yes, no	DECEASED EVER IN U.S. ARMED (II yes give wer or		17. INFORMANT MR. WILLIAM		GERSTOWN MD.
Can rise stat lost	<u> </u>	CAUSE (o) FOLLOWS OF DUE TO, OR AS A CONSEQUENCE OF (c)	Provide andro a province to the Terminal Disease ORCO	NOTION GIVEN IN PART 1(0)	APPROXIMATE INTERVAL BETWEEN ONSE AND GEATH O dy-
7 190.	DATE OF OPERATION 196. COM	DITION FOR WHICH OPERATION WAS PERF	ORMED 20g. AUTOPSY? YES NO I	20b. 1F YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
ਫ਼ ⊓੦	. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH Bither, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19	21c HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Part 2, It	em IB.)
Wh		ACE OF INJURY (AT HOME FARM, STREET, FACTO OFFICE BUILDING, ETC.	(Y,) 21f LOCATION Street or R.F.D. No.	City or Town	County State
220	a. I certify that (1) (this saw the deceased alive couses stated above, (e on 1991 (did) (did st) yiew the bo	from 10, 196 od (ond that in (my) (our) opin dy offer death.	ion death occurred on the dot	
	SIGNATURE J. W	Lellon M.	DEGREE PHYS DIR	D. STAFF 22c D. PHYS 22c D.	ATE, SIGNED
} 22d.	PHYSICIAN'S NAME (Type)	Vike Van 1	4.1. 000	onstro 9	red
BI		'8/68 REST	METERY OR CREMATORY HAVEN CEM.	23d. LOCATION (City or Town) HAGERSTOWN	(County) (State) WASH MD
24. FUNE	ERAL DIRECTOR	of the solol	250. RECORN	REGISTION 1968 RESPECTATION	HONGE J. L. S. L.

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	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	130
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN MODE OF ESTI	NE 23 68 3 3 3
I, 2, and 3 region in PM3 Page	3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (ID WOOTS IF UNDER 1 YEAR IF UNDER 24 HRS LOCAL DEAD MONTHS OATS HOURS MIN MONTHY DAY MALE WHITE 9/6/1901 66 YRS 70 B.RTHP.ACE (Stote or fore gn 7b CH.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	2d HO.IR
es of the	COUNTRY) MARYLAND U.S.A. WIDOWED TO DIVORCED WASHINGTON	Md.
ve by we the	HAGERSTOWN 9WA'SHINGTON COUNTY HOSPITAL'S OF WORK PLUMBER 100	12b KIND OF BUSINESS OR INDUSTRY CONTRACT
afo alo eot	130 USJA. RESIDENCE (Where deceased lived, if institution Residence before 13c. CTY OR TOWN 13d INSIGE CITY LIMITS? 13e. STREET AND NUMBER admiss. THATTIAND 13b COUNTINGTONHAGERSTOWN YES XNO 225 S. PO	TOMAC ST.
24 hours in Hem 18 r's Office of second 2 version of second 2 vers	14 FATHER'S NAME FIRST Middle LOST IS. MOTHER'S MAIDEN NAME FIRST MIDDLE	RHODES
		AGERSTOWN
be executer "pending" hief Medicin ansit perryit event with	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: Congestive failure	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	Conditions, if pay, which gove as a Appropriate Cause (a), (b) (b) Conditions of pay, which gove (a), (b)	
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iche e	WAS PERFORMED?	YES NO 🔀
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7	22a certify that I taak charge of the remains described above, held an Autapsy, Inspections, Inquiry death resulted from	
DEPUTY SIC. ressory, pleose e e funeral director may be retoined funeral DIRECT		ATE SIGNED 6/24/68
TO DEPUTY necessory, p the funeral 5 may be r TO FUNERAL Health price	EXAMINER'S HOWard N. Weeks, M. D. 580 NeortshearminAvente, Hage NAME (Type) ADDRESS(Street, city, town, or county)	
0 c ± 2 0 ±	REMEDURAL 230 BATE 5/68 RESE HILL CEM. 23d HAGERSTOWN	
VR AISME (5)	W. J. Morgrent, Hugerstand 11 250 RECD BY REG STRAR 250 REGISTRA DATEJUN 2 6 1968 PCLL	ers signature



MAKTLAND STATE DEPARTMENT OF REALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First Middle Lost DECEASED NAME 20. DATE OF DEATH 2b. HOUR burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, cremation, ar removal, and in any event, within 72 hours after death. h certificate be executed within 24 haurs after death the funeral ages 1 and (Type or print) Month 29 Boy 196 mar Henry Jacob Show Jane 00P 4. RACE S. DATE OF BIRTH 3. SEX filled in by the property 6. AGE (in years lest-birthday) HOURS Nov. 2, 1881 White Male 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign B. MARRIED | NEVER MARRIED | WIDOWED TY DIVORCED [U. S. A. Washington Fairolay. Md. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired)
Stock Clerk INDUSTRY Fahrney- Keedy Mem. Home Boonsboro 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LUMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b COUNTY Frederick YES Y NO 🗌 522 Trail Ave. Frederick 14. FATHER'S NAME IS, MOTHER S MAIDEN NAME First Middle First M.ddle Last Hieghberger Jacob Eveline Show 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, ar unknown) (11 yes give war or dates of service) 217-10-9763 Fahrney- Keedy Home Records, Boonsboro, Md 18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove) ase to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar ta Is 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? CAUSES OF DEATH? YES 🖂 NO 🔲 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAJSE OF DEATH Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R F D No. State City or Town County While Not while at work 22a. I certify that (I) (this haspital), attended the deceased from 1964, 1964, 1964, ta 1964, 1960, that (I) (we) last saw the deceased alive an 1964, and that in (my) (ow) apinian depth accurred an the date and hour ond from the causes stated abave, (I) (we) (did) (did net) view the bady after death. 22b. SIGNATURE ATTENDING DEGREE PHYS PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b, DATE (State) 23a. BURIAL, CREMATION, (County) REMOVAL (Spreity) 7- 2- 68 Fairview Cemetery Keedysville. Wash. Co. .Md. 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV 1/68 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md Que UL

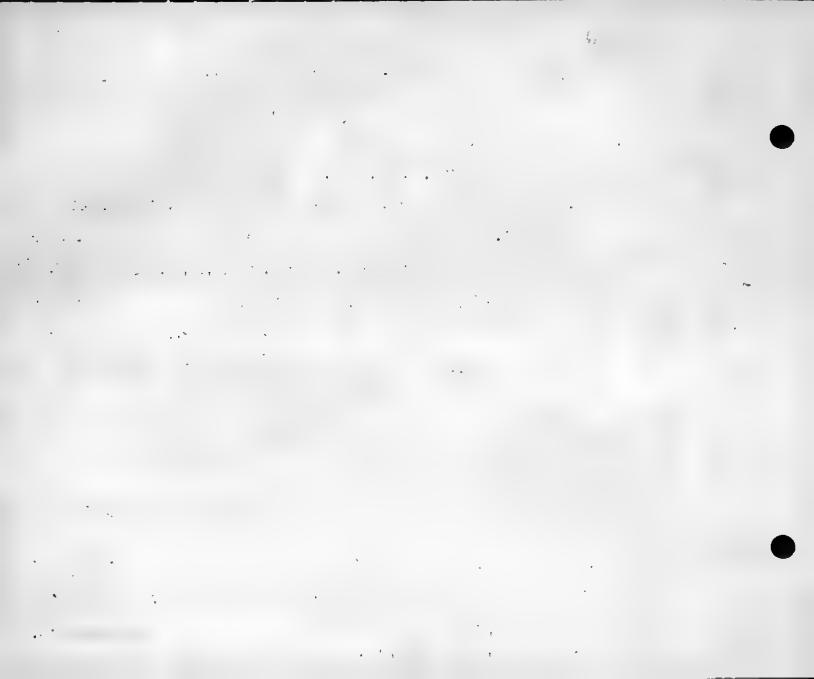
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 20. DATE OF DEATH arbon papers. Pages 1 and. (Type or print) Yeor /o hower 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years last birthday) within 24 haurs after JF LINGER YEAR HE LINDER 24 HRS MONTHS Loxite male an 9. 188 ın by 7o. 81RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED equntry) american WIDOWED [7] DIVORCED [Washington Martinsbury Willo filled 10, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address INDUSTRY Yard amort of workings fe even if retired he Williamsport 11) Illimmswort carbo 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LAMITS? 13e. STREET AND NUMBER 13c CITY OR TOWN The law requires that the death certificate be executed 13b COUNTY YES 🗔 NO St Wedgesvill + -|signed by the attending physician and co burial-transit permit. Then please remot burial, crematian, ar remaval, and in ant 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Showers nancy 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. ar unknawn) mrs. Florence howers - Nedgesville West No 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).)
PART I DEATH WAS CAUSED BY: BETWEEN ORSET AND DEATH IMMEDIATE CAUSE (a) neimmenio DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES [NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) ATTENDING PHYSICIAN OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. (If either, notify medical examiner) PM 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY_OCCURRED City or Tawn County State While Not while at work 22a. I certify that (I) (this haspital) gittended the deceased from 5-7-60 , 19 , ta 6-24 , 19 68 , that (I) PAS) last saw the deceased alive an 6-24 , 19 68 , and that in (my) (For) apinian death accurred an the date and haur and from the causes stated abave, (I) (contain) (did not) view the bady after death. be retained 22b. SIGNATURE 22c DATE SIGNED MED DIRECTOR 6-27-68 DEGREE 22d, PHYSICIAN' 22e. ADDRESS NAME (Type) M.E. 20 West Potomac St , Williamsport Md. Byrkit M.D. 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Green Hill Cemetery Martinsburg.Berkelev.W.Va Burist 2So. REC D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Ocharles DATE JUL 30M REV. 1/68 Brown Funeral Home-327 W. King St. Martinsburg.

MARYLAND STATE DEPARTMENT OF HEALTH



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	3 SE	(4. RACE			S. DATE OF BII		6. AGE (I	n years (haav)		HOURS MIN.
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E ia G staff		22b. SIGNATURE				ATTENDI		STAFF	22c	DATE SIGNED	
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5 5 5 4 4 A		REMOVAL (Specify) Burial	une 18	3, 1968 Cave	etown	Cemeter	V AC APPENDIX	Caretown	DECICLO DE	thington	Md.
VR A15 (4) 30M REV. 1/68	24	funeral director Minnich Funer:	al Home	ADDRES e. Smithshur	o. Md		250. REC'D BY RE	1 8 1968	REGISTRAR	SIGNATURE	
30M REV. 1/68				of Our or pour	Pa Mare		DATE DOT	T Q 1000	yea	tarley !	and the same



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH										
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G PHYS the hos r this ce detache te Dept.	Id. INJURY OCCURRED Not while at work 21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No City or Town Countries										
TENDING ined by 18 DR: After 1 auld be d	2a. I certify that (1) (this hospital) ottended the deceased from 5=10=58 19 19 ta 6=16=58 19 saw the deceased alive on 6=16=58 19 ond that in (my) (66) opinion death occurred on the date on causes stated above, (1) (we) (MM) (did not) view (the bady after death	_, that (I) (**) las id hour and fram the									
OR ATTEN be retained DIRECTOR: 4 ge 3 shauld led with the		18, 1968									
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld	d. PHYSICIAN'S NAME (Type) E. R. Lardizabal, M. D. 22e. ADDRESS 300 N. Potomac St. Hagersto										
TO HOS	MY YET 6-19-68 Mt. View Cemetery Ringgold, Md.	unty) (Stote)									
30M REV. 108	NEBAL DIRECTOR Funeral Home, Hagerstown, Md 250 REC'D BY REGISTRAR 250 RECISTRARS SIGNAL DATE JIN 20 1968 Filler	as Junge									

MAKILAND STATE DEPARTMENT OF HEALTH



	1				ID STATE DEPARTMENT					
4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
~ (()		CERTIFICATE OF DEATH								
- CAT		ECEASED-NAME First		Middle	Last	2a. DATE OF D	EATH	2b.	HOUR	
24 hours after death advin by the funeral opers ages 1 and 77 hours affer death	((ype or print)	d.	Amos	Sponseller		June 22	Yeor	M	
fer er	3. S		4. RACE		S. DATE OF BIRTH		AGE (In years	IF UNDER 1 YEAR IF UNDE	R 24 HRS.	
# F & S		Male		White	Novembe	z 20, 1890	AGE (In years last birthday) 77 YRS.	MONTHS DAYS HOURS	MiN	
Sing ()	70.	BIRTHPLACE (State or foreign	76. CITIZEN OF WHA	T COUNTRY?	1 .					
F = 2	COU	Idams Co. Penna.	USA		8. MARRIED X NEVER MARRIED DIVORCED DI		hington			
n 24 ilfled pappi	10.	ITY OR TOWN OF DEATH		AF OF HOSPITAL OR IN		o. USUAL OCCUPATION (I		30L KIND OF BUCINE	Md	
		Hagerstown	giye str	eet address)		tring most of work ng lift	e even if retired.)	126 KIND OF BUSINES INDUSTRY	3 UK	
d v determent, ant,	13o.	USUAL RESIDENCE (Where deceos	ed lived, if institutio	n Residence pefore			ET AND NUMBER	Journa	te_	
e executed with and completely f remove corbon any event, wit	odm	Ston) STATE	135 COUNTY, Washi	naton	Beaver Creek YES		1 Hager	stown		
d ce		FATHERS NAME F 1st	Middle	Last	15. MOTHER S MAIDEN	NAME First	Middle	Lost		
be ex and e rem in an		Rutus	Samuel	Sponse		Mandilla.	Maria			
ficate by ysicion please of, and i	160	WAS DECEASED EVER IN U.S. ARN	IED FORCES?	6b. SOCIAL SECURITY	NO. 17 INFORMANT	- IUI WOOD COL	Address	Snyder		
ifice of the plant	۱ ۱	es, no, ar unknown) (If yes give w	ar or dates of service)	214-00-6	R71 Mas. C. A. Spon	roller R #	1 Hager	Atoms Md		
certif g phy Then movo						CHARLES IN JI	1 /vugenz	APPROXIMATE INTE		
ie death ce attending permit. Th		IB. CAUSE OF DEATH (Enter on PART 1 DEATH WAS CAUSED	BY:	(0), (0), (110 (0)	1 /1.	/ /	2	BETWEEN ONSET AND	PLAN	
e death attendii sermit.		ill I immedia	TE CAUSE (a)	Youndi	at Tilgortine	of day	occure	- 1aus		
e a fror		Conditions, if any, which gave)	DUE TO, OR AS	A CONSEQUENCE OF	refor + Ador		1/0/1			
of the		rise to immediate cause (a),	(b). 41 1		atou + 4400	meex o	Morecar			
equires thot the physicion. Signed by the burial-transith		stoting the underlying couse	DUE 10, OR AS	A CONSEQUENCE OF LIEWID 50	leaser.			5-104	u.	
nysic mysic mal		j 1	(c)							
sig pho		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTION	NG TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEA	ISE OR CONDITION GIVEN I	N PART 1(o)	> 0		
w r ding een the r to	NO.	marrore a	y per map	eag, or	uija Diva	Heulacce	Lijuded	colan		
AN: The law re of a standing froze hos been for use as the Health prior to	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICE	H OPERATION WAS PE		20b. IF Y	IS, WERE FINDINGS CO	INSIDERED IN CERTIFYIN	G	
上 0 七 8 七 /	RTIF.				YES	NO [
YSICIAN: ospitol or certificate the for us of Health	CALC	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAJSE OF DEATH		NUURY Manth Day Year	21c HOW INJURY OCCURRED	(Enter nature of injury	in Part 1 ar Part 2, If	lem 18.)		
	MEDIC	(If either, natify medical examin	er) P.M.		9					
PHYSICIAN: he hospitol or this certificate etoched for u		While I Not while I	PLACE OF INJURY (T HOME, FARM, STREET FA FFICE BUILDING, ETC	CTORY,) 21f. LOCATION Street or R	F.D. No City at	Tawn	County	State	
		OF FEBRUAR								
by by Sta		22o. I certify that (I) (the	s hospital) atten	ded the deceos	ed from Just 20	, 19 Gd , to J.	LAR 22, 19	6 -, that (I) (v	(a) last	
FENDING ned by th R: After i uld be d the State		saw the deceased all causes stated above	(i) (aug) (did) (d	Ideath view the	9 G & and that in (my) (ex	#†apinian death oc	turred on the dat	te and haur and fr	om the	
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OR A A SINECT SINE SINE SINE SINE SINE SIN		Schward	118 14	Sto m	DEGREE PHYS	MED DIRECTOR	STAFF	- 24-61		
ral OF any be at DIR poge a filed		22d PHYSICIAN S	00 000	700	22e ADDRESS	DIRECTOR DES	PRIS. C	- 44-6 1-		
SPITAL 4 moy VERAL Por, poo		NAME (Type) Edwa	ard W.Ditt	to, III,	F 75	Wash. St.	Haterston	m. Md.		
Poge 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the	230				CEMETERY OR CREMATORY	23d. LOCATION		(County) (State	2)	
O HOS Poge 4 O FUN shoul		BURIAL, CREMATION, 23b. C DEMOVAL (Specify)	6/25/60					ington-Md.	2]	
F- F-		FUNERA, DIRECTOR	143/00	ADDRESS	Haven Cemetery	REC'D BY REGISTRAR	25b REGISTRAR'S			
VR A15 (4) 3DM REV 1/68	r	Why.	ral Chape		2001	IIN 2 6 1960		la ludge		
		est Haven tune	run crupe	r Nage	DAIH	THE P O MOC	1 1	0 0		

8)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7 6 6 5
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	38
HEALTH DEPT.		CEASED-NAME First Middle ast 20 DATE KNOWN March De	Year 25404
y detay is and 3 to and 3. Page	(1)	YPE OF PINT) BEARNEDETTA JOHNSON SPRINGER OF ESTI- DEATH MATED June	e 1 19 68:40M
lay Pa Pa	35E	X 4 RACE S. DATE OF BIRTH 6 AGE (In years 1 F UNDER 1 YEAR 1 F UNDER 24 HRS 2, DATE PRONOUNCED DEAD	2d 1657 U
do do de	re	emale White Feb. 1,1879 89 Private PRS MAKE Month Day June 1	Year 19 68 4:404
57 4 4		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED] 9. COUNTY OF DEATH	a.m.
		wryland U.S.A. WIDOWED I DIVORCED Washington	Md
Poge	10. CI	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a LSUAL OCCUPATION (Kind of work done 12)	KIND OF BUSINESS OR
offer death 8 Give Page Pong with with the Sta		Hagerstown grash the grant County Hospital most of working life, even if retired in House Work	Own Home
S after 18 G. and 18 G. an	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
		m ssion) Waryland 13b Washington Hagerstown YES NO 1400 Varginia	Ave.
INER: Th.s certificate should be executed within 24 hours a le certificate, writing the ward "pending" in pencil in Item 18 should be farwarded to the Chief Medical Examiner's Office of files. 3 should be used as a burial-transit permit. File pages Land 2 wastian, or removal, and in any event within 72 hours after decident.	14 F/	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle France's Brasgears	Last
hin 24 nation niner's pages hours	16a. V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
l with n pen Exami File p	(1	N. Da, or unknown) (If yes gate word of the solution) None Miss Dorothy Springer	enstown Md
be executed wit "pending" in pe nief Medical Exar ansit permit. File event within 72		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" i Medical permit.		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Arteriosclerotic Cardio Vascular Discase	10 years
exe endi Me t pe		T / C T DUE TO, OR AS A CONSEQUENCE OF	
be "p" hief ansı		Conditions, if any, which gave is the set of immediate cause (a), (b) Shock from Fractures Following Fall	11 hours
ruld rard ne C al-tr		stating the underlying cause Due TO, OR AS A CONSEQUENCE OF	
shauld be e ne ward "per a the Chief ! burnat-transit I in any ever		(4) Fracture Of Femur And Humerus	
ate g th ed t and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)	
tefac ardia d as	NO .	1 2 2 1	
cer arw arw use	ICAT	19d DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
MINER: This certificate shauld be executed within the certificate, writing the ward "pending" in pencil 4 shauld be farwarded to the Chief Medical Examine Itiles. e 3 shauld be used as a burial-transit permit. File pagismation, or remayal, and in any event within 72 hau	CERT, FICATION	21a EXTERNAL CAUSE WAS 2 b TIME OF IN. JRY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO
able India	18	PRIMARY OR CONTRIBUTING THE HOUR	16 }
NEW NEW Shau Shau Shau Shau Shau Shau Shau Shau	MEDICAL	CAUSE OF DEATH 6 P.M. 5-31- 1968 Fell while walking in her home. 21d INLURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21t OCATION Street or R.F.D. No. (Hy or Town)	aunty State
ge ge		WHILE CONT WHILE (factory, affice building, etc.)	,
bical Examiner: se execute the cert ctar Page 4 shauld ned far your files. ECTOR: Page 3 shau i burial, cremation,	ŀ		
CAL exe exe dr fa for for		22a certify that took charge of the remains described above, held on Autopsy, Inspection, Inquiry, death resulted from: Natural causes, Accident, Suicide, Homicide Undetermined manner	and in my Volit an
please directs and a second control of the control			
ple die		ACTUAL SIGNATURE A SUI A SSISTANT MED CA. EXAMINER 22b. DATE SIG	MFD
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o DEPUTY DICA necessary, please en the funeral director 5 may be retained o FUNERAL DIRECTOR Health prior to bur		NAME (Type) Dr. E. W. Ditto. Jr. 215 W. Washington Type at Examiner Dr. E. W. Ditto. Jr. 215 W. Washington Type at Examiner Dr. E. W. Ditto. Jr. 215 W. Washington Type at Examiner Dr. E. W. Ditto. Jr. 215 W. Washington Type at Examiner Dr. E. W. Ditto. Jr. 215 W. Washington Type at Examiner Dr. E. W. Ditto. Jr. 215 W. Washington Type at Examiner Dr. E. W. Ditto. Jr. 215 W. Washington Type at Examiner Dr. E. W. Ditto. Jr. 215 W. Washington Type at Examiner Dr. E. W. Ditto. Jr. 215 W. Washington Type at Examiner Dr. E. W. Ditto. Jr. 215 W. Washington Type at Examiner Dr. E. W. Ditto. Jr. 215 W. Washington Type at Examiner Dr. E. W. Ditto. Jr. 215 W. Washington Type at Examiner Dr. E. W. Ditto. Jr. 215 W. Washington Type at Examiner Dr. E. W. Ditto. Jr. 215 W. Washington Type at Examiner Dr. E. W. Ditto. Jr. 215 W. Washington Type at Examiner Dr. E. W. Ditto. Jr. 215 W. Washington Type at Examiner Dr. E. W. Ditto. Jr. 215 W. Washington Type at Examiner Dr. E. W. Ditto. Dr. E. W. D	
necessary, please execute the certificate, writing the ward the funeral director. Page 4 shauld be farwarded to the Ch 5 may be retained far your files. To FUNERAL DIRECTOR: Page 3 shauld be used as a burial-tra Health prior to burial, cremation, or removal, and in any or	23a	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (Co. Rose Hill Cemetery Hagerstowm, Wa	unty) (State)
	,		sh. Marylan
	24	FUNERAL DIRECTOR FUNERAL ADDRESS 2SG REC D BY REGISTRAR 2SD REGISTRAR'S SIGN CONTROL OF THE PROPERTY OF THE PR	NATURE
VR A15ME (5)	VII.	Hagerstown Maryland DATE JUN 4 1988 Ochon	Par Oredan
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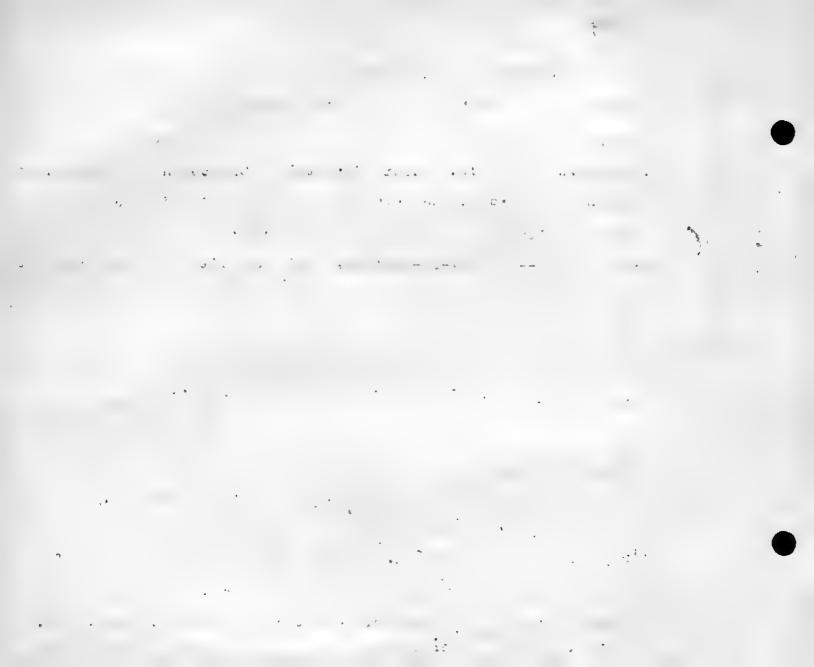
CERTIFICATE OF DEATH COLLEGE NUMBER .1	MARTLAND STATE DEPARTMENT OF HEALTH		
Dickard Name First Mode Ada Marie Stottlemyer To balle of DAM To be present	74 1	Orange Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201	
Comparison Com		CERTIFICATE OF DEATH	,9
SART OF BRITH 1.2 - 0.2	£ 1		2b HOUR
SART OF BRITH 1.2 - 0.2		(Type or print) Ada Marie Stottlemyer 6 Month 30 Doy 68 Year	620 PM
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24. FUNERAL DIRECTOR ADDRESS 250, RECD BY REGISTRAR'S SIGNATURE	PHY b ho sis c toch Dept		Sinte
24. FUNERAL DIRECTOR ADDRESS 250, RECD BY REGISTRAR'S SIGNATURE	te te te	220 Leastifus that (I) (thus becomed the decorded from Manager 10 69 to 30 AMAS 10 69 th	not (I) (wa) last
24. FUNERAL DIRECTOR ADDRESS 250, RECD BY REGISTRAR'S SIGNATURE	Affe by Store	saw the deceased alive an 24 June 1968, and that in (my) (aur) apinion death occurred an the date and ha	ur and from the
24. FUNERAL DIRECTOR ADDRESS 250, RECD BY REGISTRAR'S SIGNATURE	ouls.	couses stated obaya (II)(we) (aid)(did nat) view the body after deoth.	
24. FUNERAL DIRECTOR ADDRESS 250, RECD BY REGISTRAR'S SIGNATURE	A SE	ATTENDING TIED CTAFF	
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24. FUNERAL DIRECTOR ADDRESS 250, RECD BY REGISTRAR'S SIGNATURE	TAI Pod Pod file	NAME (Type) W. H. FENDER 220. ADDRESS	. 1415
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30M REV. 1/68 Minnich Funeral Home Hagerstown, Nd. ONUL - 8 1968 Charles Judge			a
	VR A15 (4) 30M REV, 1/68	Minnich Funeral Home Hagerstown, Md. DHUL - 8 1968 Charles Jun	de la



MARYLAND STATE DEPARTMENT OF HEALTH



· Pai	MARTLAND STATE DEPARTMENT OF HEALTH										
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
por.	CERTIFICATE OF DEATH										
12 3 84	1 DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR										
executed within 24 haurs after the contract of	(Type or print) WOODROW WILSON TITUS June 20 1968 Year 2 PM										
200	3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years 1 if under 1 year 1 if under 24 hrs.										
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TS C											
nau bar	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH										
4 h	Virginia USA WIDOWED DIVORCED Washington Md										
rin 24 filled pape thin 77	TO CITY OF TOWN OF DEATH 11 NAME OF HOOFITAL OF INSTITUTION IT part in hornital 120 ISSUA, OCCUPATION (Vind of work date 11th VIND OF DISCINITY OF										
ecuted within 24 haurs	Hagerstown Wash County Hospital Guestodian Ferguson Co 120 USIGN PERPENSION (Where despected bind if wetshirless Per during Part and the property of the p										
w warbed	13a USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c, CITY OR TOWN 13d MSIGE CITY (MM.152) 13e STREET AND NUMBER										
nplk	admission) STATE 13b (OUNTY - VECT) NO T										
\$ \$ \$ \$ * *											
Tale Base	14 FATHER'S MAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost										
A	Henry L. Titus Mae Gant										
and	Tog. WAS DECEASED EVER IN U.S. ARMED FORCES? TIGH. SOCIAL SECURITY NO. 1.7 INFORMANT. Address										
physic physic en ph oval,	Yes na or unknown) (If yes give war or doles of service) 217-16-2004 Mrs Marie Ann Titus 510 Jefferson St										
ATTENDING PHYSICIAN: The law requires that the death certificate etained by the haspital ar aftending physician. CTOR: After this certificate has been signed by the attending physician should be detached far use as the burial-transit permit. Then please the State Dept. of Health priar to burial, cremation, ar removal, and	Hagan stown Md Approximate mirrory										
te death cer attending p permit. The	18. CAUSE OF DEATH (Enter only one cause per line for (o), (m) and (c).) PART I. DEATH WAS CAUSED BY										
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equires that II physician. signed by the burial-transit burial, cremat	PART 2. OTHER SECNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a)										
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s b oric	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Hem 18.)										
the se	YES X NO C CAUSES OF DEATH?										
A: ar											
SE 블로트	Great Countributing Cause of Death HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19 21d Intitity Of Clipped 21e Place De INITITY AN HOME, FARM, STREET, EACORY, 1 21f LOCATION Street or R.E.D. No. (ity or Town Country State										
dsp asp											
PH. e h his his per	White Not while of work at work										
5 ± ± 3 ±	22a, I certify that (I) (this hasnital) attended the deceased from I was 1968, to 200 (the 1960), that (I) (we) last										
₽ ¢ ₹ ₽ ₹											
R: Red	saw the deceased alive on										
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22½ SIGNATURE // / / / / / / / / / / / / / / / / /										
OR DE FE	ATTENDING MED. STAFF CO										
2 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	72d, PHYSICIAN'S 22e ADDRESS 22e ADDRESS										
TAIL Poor	MAUE (Time)										
NER 4 T	Richard T. Binford, M. D. 1135 Potomac Avenue Hagerstown, Md.										
Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health priar ta burial, creating the control of	23a BURIAL (REMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)										
22007	Burial 6/24/68 Boonsboro Cemetery Boonsboro Wash Co Md.										
VP A15 (A)	24 FUNERAL DIRECTOR Hagerstown Md. ADDRESS 250. RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE										
VR A15 (4) 30M REV 1/68	Andrew K. Coffman Funeral Home Inc DANEJUN 26 1968 following										





		MARYLAND STATE DEPARTMENT OF HEALTH
December 1		🕜 🛩 😭 👩 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
6-9-		CERTIFICATE OF DEATH
	1 0	DECEASED NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
eoth eoth eoth		(Sine as aries)
deoi		Reilly R Which Dune 12 1968 8 P.M
P 22 2	3. SI	
5 4 3		Male White Feb 2, 1884 lost birthday) AND MAN HOURS MN
S S	70	BIRTHPLACE (Stote or foreign 7b, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
4 5 %		privily CO 70 Late of Manager Paris Control of the
2 2 2	12.5	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (K not of work done 12b KIND OF BUSINESS OR
是(真を費)	10.	give street oddress) during most of working life, even if retired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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od set		1. JSUAL RESIDENCE (Where deceased lived, if institution: Residence befold 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
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sici Ple		You may are already and I life you may may not notice of secure
phy rtif		
90 Bull		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE RETERVAL. BETWEEN ONSET AND DEATH
te deoth cer ottending p permit. The		PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Memoria (Common) 1 Men
de de sitte		DUE TO, OR AS A CONSEQUENCE OF
the ce continuition		Conditions, if any, which gave \
msi #		rise ta immediate cause (a), (10)
유 년 년 일	L	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
by the hospital or attending physicion. If the death certificate be executed within 24 hours ofter death by the hospital or attending physicion on a completely filled in by the funeral feet this certificate has been signed by the attending physician and completely filled in by the funeral be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 state Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 2 thousand teached.	1	lost + 1 . , (c) ASCVI Wellson
phy phy bur		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a)
he to	Z.	Cancel & lecting Cancel & probably anema, farthering
The low ratending has been se as the h prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED TO THE PERFORMENT OF THE PERFORM
atte hos	I≝	YES NO Y CAUSES OF DEATH?
まる a se de	8	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
fice for He	ਤ	or contributing Cause of Geath HOUR A.M. Month Day Year
PHYSICIAN: e hospital or nis certificate thathed for u Dept. of Healt	MEDICAL	(If either, notify medical examiner) P.M 19
ho ho ach	-	21d INJURY OCCURRED White Not while of the street of the s
the hard		UI WUIK UI WUIK
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S A A A		saw the deceased alive an analysis of the same of the
ATTENDIN artened by CTOR: After should be		
OR ATTEND DE retoined be retoined DIRECTOR: A ge 3 should led with the 8		226 SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
OR DE L		DIGREE PHYS DIRECTOR PHYS 14 June, 1968
AI C	1	2/d PHYSICIAN'S 22e ADDRESS
RA in the second		NAME (Type) Richard T. Binford, M.D. 1135 Potomac ave., Hagerstown, Md. 21740
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed by Page 4 may be retained by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed director, page 3 should be detached for use as the buriol-transit permit. Then please remove constrough billied with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event,	230	a. BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
H Og Sip of shall be	1	REMOVA (Specify) 56/15/68 Rest Haven Cemetery Hagerstown-Washington-Md.
2-2	7 74	FUNERAL DIRECTOR La La Address ADDRESS 250. REC'D BY REGISTRAR 250 REGISTRAR 5.51GN LIBE LA COMPANY
VR A15 (4) 30M REV 1/68	14.	1000
JUM KEY 1/08		Rest Haven General Chapel Hagerstom, Md. DATE JUN 18 1900 1



MAKILAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME First Last 20. DATE OF DEATH 2b. HOUR death. hours after death (Type or print) Oliver Dearmont Vincent 4 RACE S. DATE OF BIRTH 3. SEX 6 AGE (In years IF LINDER 1 YEAR last birthday) HOURS Male August 30, 1912 YRS. 70. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED M NEVER MARRIED WIDOWED [DIVORCED [7] Washington n ony event, within 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of warking ite, even if retired) INDUSTRY Hagerstown Transportation 130 USUAL RESIDENCE (Where deceased lived, if institution- Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maruland YES X NO 235 N-Locust St. Hagerstown 14. EATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Vincent Manie Charles 17 INFORMANT Address Yes, no or unknown) Mrs. Faith Vincent 219-05-2639 235 N. Locust St. Hagerstown burial, cremotion, or remov 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) (anditions, if only, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 10 FELATED TO THE TERMINAL DISCONCIDENCE OF CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the Should be filed with the State Dept. of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 2Do. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO T 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 216 TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH Month Day Year HOUR A.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while O FUNERAL DIRECTOR: After 22a. I certify that (1) (this hospital) attended the deceased from 1965, and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated above (1) (we) (diff that) view the body girls death. 22c. DATE SIGNED ATTENDING 20 June, 1968 DIRECTOR PHYS 22e. ADDRESS PHYS CIAN S NAME (Type) 1135 Potomac Ave., Hagerstown, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION REMOVAL (Specify) (State) Cliarles 30M REV 1/68 Hagerstown, Md.





18	1				IVISION OF				ENT OF HEA EET, BALTIMO		ND 21201		
7			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH									1-5	
	= 2=		1 DE	CEASED-NAME First		Middle		Last	2	a. DATE OF DEAT			2b. HOUR
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	P 2		3. SE)	(4 RACE			S. DATE OF BIR	TH	16. At	GE (in years	IF JNDER 1 YEAR I	F UNDER 24 HRS.
	TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after ined by the hospital or attending physician. OR: After this certificate has been signed by the attending physician and completely filled in by the outly be detached for use as the burial-transit permit. Then please remove carbon papers. Pages in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after			Gemale	U	Uhite		Dec	cember 2	9.1913 "	t hirthday)	MONTHS DAYS	HOURS MIN
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	ae executed within 24 hours and completely filled in by remove corbon papers. Pain ony event, within 72 hours		tanu,	Hagerstown M	da USA		WIDOWED	DIVORC	CED 🗀	Wash	ington		Md.
	filled paper thin 7		10. CI	TY OR TOWN OF DEATH	11. NA	ME OF HOSPITAL OR INS	TITUTION (If no	it in hospital	120 USUAL O	CCJPATION (Kind	of work dane	126 KIND OF BU	SINESS OR
	with wit wit	19		Hagerstown	Was	treet oddress) shinaton C	ountu	Hospita	during most o	rf wark'ng life, e	ven if ratired.)	Own Ho	ne.
	ed v	p.	13a. I	USUAL RES DENCE (Where deceased	lived, if institute	on Residence before	13c. CITY OR	TOWN'	3d INSIDE CITY CIMITS?	13e STREET #	AND NUMBER		
	e e	1/	OUTH	Maryland	Washing	ton	Hager	atown	YES NO	221 5.	Mont Va	Ua Ave.	
	and co	1	14. F	ATHER'S NAME First	Middle	Lost	15	MOTHER'S MAI	IDEN NAME First		Middle		Last
	Be in			Harry	Clevel	and Snook			Julia		Viola	Ride	nout
	physician physician please iovol, and ir			WAS DECEASED EVER IN U.S. ARMEI	FORCES? or dotes at service)	166 SOCIAL SECURITY N		FORMANT			Address	Jagersto	wn. Md.
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	ottending permit. The			18. CAUSE OF DEATH (Enter only								APPROXIMA BETWEEN ONS	
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	lov endi		ATIC	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a, AUTOP	SY?		WERE FINDINGS CO	INSIDERED IN CER	TIFYING
	The att	2	CERTIFICATION					YES 🗌	NO	CAUSES OF D			
	or o			21a ACCIDENT WAS UNDERLYING	216 TIME OF		2ic HO	W INJURY OCCU	JRRED (Enter nat	ure of injury in f	Port 1 ar Part 2, 1	rem 18.)	
	Partie de la company de la com		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M P.M	Month Doy Year							
	hos cen che		菱	21d INJURY OCCURRED 21e P	ACE OF INJURY (AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f 10	CATION Street	or R.F.D. Na	City or To	ws	County	State
	this det			at wark of wark									
	by Inter			22a I certify that (I) (this saw the deceased alive	haspital) atte	nded the decease	d fram_2	o Jme	, 1965	, to 240 -	MHZ 190	≥8 , that (l) (we) last
	END Bed Jid A			saw the deceased aliv	e on 20	did not) wow the	y <u>cesa</u> , and	l that in (my	/) (aur) apıniai	n death accur	red an the dat	te and havr ar	id fram the
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, mage 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creatively.	1	23a	BUR AL CREMATION, 23b. DA	TE	23c NAME OF	EMETERY OR	CREMATORY	23	id. LOCATION (CI		(County)	(State)
	000 P 4			REMOVAL (Specify) Burial 6	/20/68			Cemete			town-Was		
	A	30	24	FUNERAL DIRECTOR COZE	C. 14	ADDRESS			2Sa. REC'D BY RE	G.STRAR 2	Sb. REGISTRAR'S	SIGNATURE	
	30M REV 17	68		Rest Haven June	ral Cha	el Hage	rstown	Md_	DATE -	1 1968	galeany	as Juda	4
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MARYLAND STATE DEPARTMENT OF HEALTH

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MAKILAND STATE DEPARTMENT OF MEALTH

